

Reference Numbers Facility Id 7003148
 Health Service Area 001 Planning Service Area 037
 MIDLAND SURGICAL CENTER LLC
 2120 MIDLANDS COURT
 SYCAMORE, IL 60178

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 7
 Number of Recovery Stations Stage 2 7

Administrator Patricia Sulaver
Date Complete 2/13/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Steven Glasgow MD

Property Owner
 TMSCP

Legal Owner(s)

Steven Glasgow MD
 Shane York DPM
 Russell Bodner MD
 Robert Swartz MD
 Regent Surgical Health LLC
 Rajeev Jain MD
 Photine Liakos MD
 Michele Glasgow MD
 Kishwaukee Com. Hospital

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Kishwaukee Community Hospital DeKalb, IL	8
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	10.00
Certified Aides	0.00
Other Health Profs.	3.60
Other Non-Health Profs	5.00
TOTAL	20.60

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	115	72	187
15-44 years	241	205	446
45-64 years	368	433	801
65-74 years	302	437	739
75+ years	395	548	943
TOTAL	1,421	1,695	3,116

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	78	54	132
Medicare	713	997	1,710
Other Public Insurance	14	11	25
Private Pay	611	628	1,239
Charity Care	5	5	10
	0	0	0
TOTAL	1,421	1,695	3,116

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
51.0%	7.3%	1.0%	40.5%	0.2%	100.0%		
2,690,236	385,073	52,750	2,136,365	10,549	5,274,973	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	3	4.00	1.25	5.25	1.75
OB/Gynecology	2	1.75	0.75	2.50	1.25
Ophthalmology	1722	651.00	232.50	883.50	0.51
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	701	787.50	177.75	965.25	1.38
Otolaryngology	132	84.50	14.50	99.00	0.75
Pain Management	395	128.00	36.25	164.25	0.42
Plastic	18	25.50	6.50	32.00	1.78
Podiatry	61	92.75	12.75	105.50	1.73
Thoracic	0	0.00	0.00	0.00	0.00
Urology	82	56.00	17.75	73.75	0.90
TOTAL	3116	1,831.00	500.00	2331.00	0.75

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001928
Health Service Area 001 Planning Service Area 201
ROCKFORD AMBULATORY SURGERY CENTER
1016 FEATHERSTONE ROAD
ROCKFORD, IL 61107-5902

Number of Operating Rooms 5
Procedure Rooms 2
Exam Rooms 0
Number of Recovery Stations Stage 1 8
Number of Recovery Stations Stage 2 13

Administrator Dr. Steven Gunderson
Date Complete 2/17/2013

Type of Ownership
Limited Liability Partnership (RA required)

Registered Agent

James Lyddon

Property Owner

Legal Owner(s)

LJM Legacy Trust 2002
Brent Horsley, MD
Carolyn Lowry
CVW Partnership
Dr. & Mrs. Stephen Croy
Gary Eberle, MD
Guilford Group, LLP
Gunderson Trust TG-96
Isaac Trejo, MD
James Dougherty, DO
AM Partnership
JTJ, LLC
WSM Legacy Trust 2002
Maria Laporta Trust
And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish American Hospital	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	17.20
Certified Aides	2.00
Other Health Profs.	7.80
Other Non-Health Profs	9.80
TOTAL	38.80

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	87	94	181
15-44 years	249	585	834
45-64 years	638	963	1,601
65-74 years	613	809	1,422
75+ years	579	736	1,315
TOTAL	2,166	3,187	5,353

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,162	1,573	2,735
Other Public	1	3	4
Insurance	979	1,518	2,497
Private Pay	24	93	117
Charity Care	0	0	0
TOTAL	2,166	3,187	5,353

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
25.8%	0.0%	0.0%	58.9%	15.3%	100.0%		
2,321,330	0	0	5,305,319	1,378,995	9,005,644	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	11	8.75	4.75	13.50	1.23
Dermatology	163	131.75	68.00	199.75	1.23
Gastroenterology	29	15.00	12.25	27.25	0.94
General Surgery	167	162.25	69.75	232.00	1.39
Laser Eye Surgery	7	3.50	3.00	6.50	0.93
Neurological	36	25.00	15.00	40.00	1.11
OB/Gynecology	474	249.00	197.50	446.50	0.94
Ophthalmology	2023	1,013.50	843.00	1856.50	0.92
Oral/Maxillofacial	45	70.50	18.75	89.25	1.98
Orthopedic	549	669.00	228.75	897.75	1.64
Otolaryngology	219	118.75	91.25	210.00	0.96
Pain Management	104	66.50	43.50	110.00	1.06
Plastic	437	743.50	182.25	925.75	2.12
Podiatry	304	346.50	126.75	473.25	1.56
Thoracic	0	0.00	0.00	0.00	0.00
Urology	33	26.50	13.75	40.25	1.22
TOTAL	4601	3,650.00	1,918.25	5568.25	1.21

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Multi-GYNE		46	15.5	11.75	27.25	0.59
Multi-Opht	1	240	40	60	100	0.42
Pain Management	1	466	193	144.75	337.75	0.72
TOTALS	2	752	248.5	216.5	465	0.62

Reference Numbers Facility Id 7001761
Health Service Area 001 Planning Service Area 201
ROCKFORD ENDOSCOPY CENTER
401 ROXBURY ROAD
ROCKFORD, IL 61107

Number of Operating Rooms 0
Procedure Rooms 4
Exam Rooms 0
Number of Recovery Stations Stage 1 10
Number of Recovery Stations Stage 2 0

Administrator Nancy Garry
Date Complete 2/13/2013

Type of Ownership
Corporation (RA required)

Registered Agent

Philip Frankfort

Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Anthony Hospital	15
SwedishAmerican Hospital	10
	0
	0
	0

Legal Owner(s)

Sunil S. Patel
Steven O. Ikenberry
S.Christopher Moore
Robert L. Barclay
Michael J. Manley
Kevin J. Peifer
Joseph J. Vicari
John J. DeGuide
Ilche T. Nonevski
Clinton T. Snedegar
Christopher M. Gibbs
Chandrashekhar Thukral
Brad A. Bowyer
Arnold M. Rosen
And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.70
Physicians	3.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	11.60
Certified Aides	7.60
Other Health Profs.	0.70
Other Non-Health Profs	11.60
TOTAL	36.20

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	639	1,180	1,819
45-64 years	2,953	3,634	6,587
65-74 years	1,429	1,705	3,134
75+ years	593	721	1,314
TOTAL	5,614	7,240	12,854

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	265	523	788
Medicare	2,096	2,609	4,705
Other Public Insurance	13	19	32
Private Pay	3,116	3,951	7,067
Charity Care	87	82	169
	37	56	93
TOTAL	5,614	7,240	12,854

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.3%	1.7%	0.2%	71.1%	9.7%	100.0%		
1,292,039	128,509	13,767	5,309,682	725,758	7,469,755	63,360	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	4	12854	6427	6426	12853	1.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	4	12854	6427	6426	12853	1.00

Reference Numbers Facility Id 7002835
 Health Service Area 001 Planning Service Area 201
 ROCKFORD ORTHOPEDIC SURGERY CENTER, LLC
 346 ROXBURY ROAD
 ROCKFORD, IL 61107

Number of Operating Rooms 2
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 4

Administrator Don Schreiner
Date Complete 2/22/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Jan H. Ohlander
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Anthony Medical Center	3
	0
	0
	0
	0

Legal Owner(s)

Rockford Orthopedic Assoc.
 OSF Saint Francis, Inc.
 Donald Schreiner

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	11.39
Certified Aides	7.41
Other Health Profs.	0.00
Other Non-Health Profs	6.37
TOTAL	26.17

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	47	52	99
15-44 years	515	382	897
45-64 years	621	788	1,409
65-74 years	167	301	468
75+ years	73	149	222
TOTAL	1,423	1,672	3,095

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	50	84	134
Medicare	251	497	748
Other Public	0	0	0
Insurance	1,115	1,088	2,203
Private Pay	7	3	10
Charity Care	0	0	0
TOTAL	1,423	1,672	3,095

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.7%	1.0%	0.0%	81.6%	7.7%	100.0%		
793,704	85,318	0	6,666,687	626,852	8,172,562	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1931	1,356.25	718.50	2074.75	1.07
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	482	525.50	169.50	695.00	1.44
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2413	1,881.75	888.00	2769.75	1.15

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Orthopedic	1	231	77.25	77	154.25	0.67
Pain Management	0	0	0	0	0	0.00
Pain Mgmt		451	60.5	94	154.5	0.34
TOTALS	1	682	137.75	171	308.75	0.45

Reference Numbers Facility Id 7003124
 Health Service Area 002 Planning Service Area 143
 CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC
 8800 NORTH STATE ROUTE 91
 PEORIA, IL 61615

Number of Operating Rooms 6
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 7
 Number of Recovery Stations Stage 2 17

Administrator Thomas J. Feldman
Date Complete 2/18/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Stephen T. Moore

Property Owner
 OSF SFMC

Legal Owner(s)

Peoria Surgical Group, Ltd
 OSF SFMC
 Midwest Orthopaedic Center
 Midwest Ear Nose & Throat
 Illinois Eye Center

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF Saint Francis Medical Center, Peoria, IL	7
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	3.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	25.00
Certified Aides	0.00
Other Health Profs.	14.00
Other Non-Health Profs	17.00
TOTAL	60.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	8
Wednesday	9
Thursday	8
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	307	269	576
15-44 years	558	591	1,149
45-64 years	918	1,285	2,203
65-74 years	732	1,026	1,758
75+ years	599	725	1,324
TOTAL	3,114	3,896	7,010

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	74	132	206
Medicare	1,284	1,799	3,083
Other Public	70	45	115
Insurance	1,662	1,864	3,526
Private Pay	12	38	50
Charity Care	12	18	30
TOTAL	3,114	3,896	7,010

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.2%	0.3%	1.3%	80.0%	0.1%	100.0%		
3,687,866	58,717	265,086	16,191,449	25,862	20,228,980	50,337	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	551	161.00	255.00	416.00	0.75
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	119	18.00	66.00	84.00	0.71
Ophthalmology	3151	627.00	679.00	1306.00	0.41
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1431	431.00	727.00	1158.00	0.81
Otolaryngology	651	144.00	337.00	481.00	0.74
Pain Management	21	5.00	5.00	10.00	0.48
Plastic	570	89.00	107.00	196.00	0.34
Podiatry	172	40.00	46.00	86.00	0.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	344	64.00	90.00	154.00	0.45
TOTAL	7010	1,579.00	2,312.00	3891.00	0.56

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003139
 Health Service Area 002 Planning Service Area 143
 CENTRAL ILLINOS ENDOSCOPY CENTER, LLC
 1001 MAIN STREET #500B
 PEORIA, IL 61606

Number of Operating Rooms 0
 Procedure Rooms 3
 Exam Rooms 0
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 0

Administrator Karen Smith
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 JOHN ELIAS
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
METHODIST MEDICAL CENTER	2
	0
	0
	0
	0

Legal Owner(s)

METHODIST MEDICAL CENTER
 IGI ENTERPRISES, LLC

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	11.50
Certified Aides	0.80
Other Health Profs.	3.60
Other Non-Health Profs	3.80
TOTAL	20.70

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	4
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	386	710	1,096
45-64 years	2,263	2,740	5,003
65-74 years	985	1,212	2,197
75+ years	530	687	1,217
TOTAL	4,164	5,349	9,513

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	99	298	397
Medicare	1,509	1,920	3,429
Other Public	19	29	48
Insurance	2,527	3,086	5,613
Private Pay	7	8	15
Charity Care	3	8	11
TOTAL	4,164	5,349	9,513

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.2%	1.2%	0.5%	84.9%	0.2%	100.0%		
1,051,627	95,737	38,280	6,764,595	16,145	7,966,384	53,282	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	9513	2791	2498	5289	0.56
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	9513	2791	2498	5289	0.56

Reference Numbers Facility Id 7003146
Health Service Area 002 Planning Service Area 143
MUSCULOSKELETAL SURGERY CENTER, LLC
303 N WM KUMPF BOULEVARD
PEORIA, IL 61605

Number of Operating Rooms 2
Procedure Rooms 0
Exam Rooms 2
Number of Recovery Stations Stage 1 3
Number of Recovery Stations Stage 2 3

Administrator Janet E Smith
Date Complete 2/12/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Davis and Campbell
Property Owner
N/A

Legal Owner(s)

Steven K Below, MD
Stephen R Orlevitch, MD
Pierro Capecci, MD
Mark R Phillips, MD
Jeffrey R Garst, MD
James W Maxey, MD
Brian Ted Maurer
*Ronald E Palmer

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF St. Francis Medical Center	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	3.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	1.00
TOTAL	14.00

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	0
Wednesday	0
Thursday	0
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	18	16	34
15-44 years	189	88	277
45-64 years	373	247	620
65-74 years	74	68	142
75+ years	22	29	51
TOTAL	676	448	1,124

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	22	40	62
Medicare	91	108	199
Other Public	0	0	0
Insurance	552	295	847
Private Pay	2	1	3
Charity Care	9	4	13
TOTAL	676	448	1,124

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.6%	0.0%	0.0%	97.3%	0.1%	100.0%		
103,259	0	0	3,832,073	4,251	3,939,583	109,693	3%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1124	1,076.50	538.20	1614.70	1.44
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1124	1,076.50	538.20	1614.70	1.44

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001530
Health Service Area 002 Planning Service Area 143
PEORIA AMBULATORY SURGERY CENTER
4909 N. GLEN PARK PLACE
PEORIA, IL 61614

Number of Operating Rooms 1
Procedure Rooms 3
Exam Rooms 0
Number of Recovery Stations Stage 1 4
Number of Recovery Stations Stage 2 5

Administrator **Date Complete**
Cynthia J. Leisinger, MBA, CAS 2/28/2013

Type of Ownership
Corporation (RA required)

Registered Agent
Carl W. Soderstrom, MD

Property Owner
CWS Real Estate LLC

Legal Owner(s)
Carl W. Soderstrom, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Methodist Medical Center, Peoria, IL	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	12.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	1.00
TOTAL	17.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	27	29	56
15-44 years	163	450	613
45-64 years	303	410	713
65-74 years	289	182	471
75+ years	408	269	677
TOTAL	1,190	1,340	2,530

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	28	61	89
Medicare	548	371	919
Other Public	0	0	0
Insurance	601	681	1,282
Private Pay	13	227	240
Charity Care	0	0	0
TOTAL	1,190	1,340	2,530

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.3%	1.2%	0.0%	57.7%	22.8%	100.0%		
416,201	26,653	0	1,309,657	518,906	2,271,417	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	39	41.00	14.25	55.25	1.42
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	179	350.00	74.50	424.50	2.37
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	218	391.00	88.75	479.75	2.20

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Multi Derm	3	2312	1093	827.25	1920.25	0.83
Pain Management	0	0	0	0	0	0.00
TOTALS	3	2312	1093	827.25	1920.25	0.83

Reference Numbers Facility Id 7001449
Health Service Area 002 Planning Service Area 143
PEORIA DAY SURGERY CENTER
7309 N. KNOXVILLE AVENUE
PEORIA, IL 61614-2017

Number of Operating Rooms 4
Procedure Rooms 1
Exam Rooms 0
Number of Recovery Stations Stage 1 8
Number of Recovery Stations Stage 2 14

Administrator Rita Hancock
Date Complete 2/28/2013

Type of Ownership
Corporation (RA required)

Registered Agent

Brent Gwilliam

Property Owner

Peoria Urological Investment Group

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Proctor Hospital, Peoria	10
	0
	0
	0
	0

Legal Owner(s)

GAVISH PATEL, M.D.
JOHN RICHIER, M.D.
JOHN MUELLER, M.D.
JAMES KLEMENS, M.D.
JAMES GERAGHTY, M.D.
JACEK GRACZYKOWSKI, M.D.
IRA URETZKY, M.D.
ANTHONY DECEANNE, D.P.M.
GIOVANNI COLOMBO, M.D.
JOSHUA CROLAND, M.D.
FRED BRAASTAD, M.D.
DEMACEO HOWARD, M.D.
CURTIS WARD, D.P.M.
CHRISTOPHER LANSFORD, M.D.
And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	14.70
Certified Aides	1.00
Other Health Profs.	6.50
Other Non-Health Profs	6.40
TOTAL	29.60

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	256	288	544
15-44 years	296	875	1,171
45-64 years	590	826	1,416
65-74 years	480	487	967
75+ years	447	489	936
TOTAL	2,069	2,965	5,034

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	80	308	388
Medicare	850	835	1,685
Other Public Insurance	18	10	28
Private Pay	1,095	1,793	2,888
Charity Care	26	19	45
	0	0	0
TOTAL	2,069	2,965	5,034

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
33.0%	1.6%	0.8%	63.8%	0.8%	100.0%		
2,442,515	117,949	60,610	4,717,495	56,937	7,395,506	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	128	128.00	96.00	224.00	1.75
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	502	502.00	376.50	878.50	1.75
Ophthalmology	531	265.50	398.25	663.75	1.25
Oral/Maxillofacial	2	1.50	1.00	2.50	1.25
Orthopedic	55	55.00	35.75	90.75	1.65
Otolaryngology	674	674.00	505.50	1179.50	1.75
Pain Management	198	198.00	562.00	760.00	3.84
Plastic	176	352.00	137.50	489.50	2.78
Podiatry	315	315.00	315.00	630.00	2.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1726	863.00	647.25	1510.25	0.88
TOTAL	4307	3,354.00	3,074.75	6428.75	1.49

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	727	545.25	363.5	908.75	1.25
TOTALS	1	727	545.25	363.5	908.75	1.25

Reference Numbers Facility Id 7002728
 Health Service Area 002 Planning Service Area 179
 RENAL INTERVENTION CENTER, LLC
 430 MAXINE DRIVE
 MORTON, IL 61550

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 4

Administrator Beth Shaw
Date Complete 2/13/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Husch Registered Agent, Inc
Property Owner
 RenalCare LLC

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF St. Francis Medical Center, Peoria, IL	6
Methodist Medical Center, Peoria, IL	0
	0
	0
	0

Legal Owner(s)

RenalCare Associates, S.C.
 OSF St. Francis Inc.
 Heartland Home Healthcare

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.25
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	6.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	1.00
TOTAL	11.25

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	9
Wednesday	0
Thursday	0
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	34	27	61
45-64 years	78	68	146
65-74 years	82	59	141
75+ years	64	80	144
TOTAL	258	234	492

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	5	7	12
Medicare	199	190	389
Other Public Insurance	2	0	2
Private Pay	51	36	87
Charity Care	1	1	2
	0	0	0
TOTAL	258	234	492

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
83.3%	0.7%	0.4%	14.3%	1.3%	100.0%		
414,675	3,297	2,000	71,275	6,604	497,852	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	492	679.00	226.00	905.00	1.84
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	492	679.00	226.00	905.00	1.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003120
 Health Service Area 003 Planning Service Area 001
 BLESSING HOSPITAL
 1118 HAMPSHIRE STREET
 QUINCY, IL 62301

Number of Operating Rooms 3
 Procedure Rooms 3
 Exam Rooms 0
 Number of Recovery Stations Stage 1 3
 Number of Recovery Stations Stage 2 6

Administrator **Date Complete**
 Maureen Kahn 2/25/2013

Type of Ownership
 Other Not For Profit Ownership

Registered Agent

HOSPITAL TRANSFER RELATIONSHIPS

Property Owner

Quincy Medical Group

HOSPITAL NAME	NUMBER OF PATIENTS
	0
	0
	0
	0
	0

Legal Owner(s)

Blessing Hospital

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	21.50
Certified Aides	0.00
Other Health Profs.	12.70
Other Non-Health Profs	3.00
TOTAL	37.20

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	330	223	553
15-44 years	464	821	1,285
45-64 years	1,336	1,862	3,198
65-74 years	819	1,184	2,003
75+ years	668	848	1,516
TOTAL	3,617	4,938	8,555

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	312	435	747
Medicare	1,542	2,080	3,622
Other Public	20	28	48
Insurance	1,617	2,193	3,810
Private Pay	60	114	174
Charity Care	66	88	154
TOTAL	3,617	4,938	8,555

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	1	0	0	0	1	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	49	17.80	12.20	30.00	0.61
General Surgery	634	529.10	158.60	687.70	1.08
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	258	151.10	64.60	215.70	0.84
Ophthalmology	2143	700.00	535.80	1235.80	0.58
Oral/Maxillofacial	100	123.40	25.00	148.40	1.48
Orthopedic	460	398.80	115.00	513.80	1.12
Otolaryngology	525	273.20	131.20	404.40	0.77
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	31	41.50	7.80	49.30	1.59
Podiatry	171	208.40	42.80	251.20	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	20	20.70	5.00	25.70	1.29
TOTAL	4391	2,464.00	1,098.00	3562.00	0.81

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	4164	1733	416	2149	0.52
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	4164	1733	416	2149	0.52

Reference Numbers Facility Id 7002306
 Health Service Area 003 Planning Service Area 167
 ORTHOPAEDIC SURGERY CENTER OF ILLINOIS
 3136 OLD JACKSONVILLE ROAD, STE 250
 SPRINGFIELD, IL 62704

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 5

Administrator Leo K. Ludwig M.D.
Date Complete 2/19/2013

Type of Ownership
 Limited Liability Partnership (RA required)

Registered Agent
 ROBERT W. KAY

Property Owner
 MEMORIAL HEALTH VENTURES

Legal Owner(s)

ORTO, LLC
 MEMORIAL HEALTH VENTURES

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
MEMORIAL MEDICAL CENTER, SPRINGFIELD, IL	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.20
Physicians	0.00
Nurse Anesthetists	0.90
Director of Nurses	1.00
Registered Nurses	8.40
Certified Aides	0.00
Other Health Profs.	2.90
Other Non-Health Profs	2.00
TOTAL	15.40

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	5	5	10
15-44 years	248	234	482
45-64 years	606	612	1,218
65-74 years	302	430	732
75+ years	234	404	638
TOTAL	1,395	1,685	3,080

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	20	38	58
Medicare	535	837	1,372
Other Public	0	0	0
Insurance	838	810	1,648
Private Pay	2	0	2
Charity Care	0	0	0
TOTAL	1,395	1,685	3,080

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
11.6%	2.3%	0.0%	85.9%	0.2%	100.0%		
584,201	117,821	0	4,327,717	8,281	5,038,020	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1035	1,092.00	335.50	1427.50	1.38
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	2045	368.00	170.50	538.50	0.26
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3080	1,460.00	506.00	1966.00	0.64

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003114
 Health Service Area 003 Planning Service Area 167
 PRAIRIE DIAGNOSTIC CENTER at St. Johns Hospital
 401 EAST CARPENTER STREET
 SPRINGFIELD, IL 62702

Number of Operating Rooms 0
 Procedure Rooms 2
 Exam Rooms 0
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 8

Administrator Mitch Rogers
Date Complete 2/28/2013

Type of Ownership
 Church Related Not For Profit

Registered Agent

Property Owner

Legal Owner(s)

St. John's Hospital

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St Johns Hospital, Springfield	8
Memorial Medical Center, Springfield	7
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	6.00
Certified Aides	0.00
Other Health Profs.	6.00
Other Non-Health Profs	3.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	30	29	59
45-64 years	265	203	468
65-74 years	226	178	404
75+ years	169	139	308
TOTAL	690	549	1,239

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	26	41	67
Medicare	383	319	702
Other Public	6	0	6
Insurance	215	132	347
Private Pay	10	8	18
Charity Care	50	49	99
TOTAL	690	549	1,239

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
46.4%	1.4%	0.9%	51.2%	0.1%	100.0%		
2,280,927	69,608	45,137	2,516,323	6,174	4,918,169	265,275	5%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	2	1239	14.52	20	34.52	0.03
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1239	14.52	20	34.52	0.03

Reference Numbers Facility Id 7003147
 Health Service Area 003 Planning Service Area 167
 PRAIRIE SURGICENTER ASSOCIATES, LLC
 2020 WEST ILES AVENUE
 SPRINGFIELD, IL 62704

Number of Operating Rooms 2
 Procedure Rooms 2
 Exam Rooms 1
 Number of Recovery Stations Stage 1 5
 Number of Recovery Stations Stage 2 0

Administrator Patty Williams
Date Complete 2/20/2013

Type of Ownership
 Sole Proprietorship

Registered Agent

Property Owner

Legal Owner(s)

Stuart Farris, MD
 Sandra Yeh, MD
 Michael Watson, MD
 Fred Rauscher, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. John's Hospital, Springfield	0
Memorial Medical Center, Springfield	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	6.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	2.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	66	53	119
45-64 years	371	584	955
65-74 years	495	803	1,298
75+ years	441	678	1,119
TOTAL	1,373	2,118	3,491

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	9	37	46
Medicare	914	1,484	2,398
Other Public	29	18	47
Insurance	415	573	988
Private Pay	6	5	11
Charity Care	0	1	1
TOTAL	1,373	2,118	3,491

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
38.1%	1.1%	2.9%	44.0%	14.0%	100.0%		
1,136,460	31,660	86,150	1,312,310	417,190	2,983,770	6,800	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1636	434.00	263.50	697.50	0.43
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	162	91.00	54.50	145.50	0.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1798	525.00	318.00	843.00	0.47

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	1628	150	138	288	0.18
Ophthalmic	1	65	14.75	12	26.75	0.41
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1693	164.75	150	314.75	0.19

Reference Numbers
 Facility Id 7002694
 Health Service Area 003 Planning Service Area 167
 SPRINGFIELD CLINIC, LLP
 1025 SOUTH 6TH STREET
 SPRINGFIELD, IL 62794-9248

Number of Operating Rooms 5
 Procedure Rooms 4
 Exam Rooms 13
 Number of Recovery Stations Stage 1 29
 Number of Recovery Stations Stage 2 0

Administrator Randall Bryant
Date Complete 2/22/2013

Type of Ownership
 Limited Liability Partnership (RA required)

Registered Agent
 Randall Bryant

Property Owner
 Springfield Clinic, LLP

Legal Owner(s)
 Springfield Clinic, LLP

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. John's Hospital, Springfield	0
Memorial Medical Center, Springfield	14
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	8.00
Director of Nurses	1.00
Registered Nurses	69.00
Certified Aides	0.00
Other Health Profs.	17.00
Other Non-Health Profs	18.00
TOTAL	114.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	320	256	576
15-44 years	1,025	1,541	2,566
45-64 years	3,609	4,581	8,190
65-74 years	1,955	2,498	4,453
75+ years	1,468	1,920	3,388
TOTAL	8,377	10,796	19,173

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	2	2
Medicare	3,027	4,042	7,069
Other Public	0	0	0
Insurance	5,025	6,400	11,425
Private Pay	325	352	677
Charity Care	0	0	0
TOTAL	8,377	10,796	19,173

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
12.6%	0.0%	0.0%	86.6%	0.8%	100.0%		
3,177,137	0	0	21,824,135	192,501	25,193,773	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	1143	625.50	306.75	932.25	0.82
Laser Eye Surgery	240	1.25	40.00	41.25	0.17
Neurological	11	10.75	5.25	16.00	1.45
OB/Gynecology	362	156.00	89.75	245.75	0.68
Ophthalmology	3065	817.00	539.50	1356.50	0.44
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2163	1,026.50	478.25	1504.75	0.70
Otolaryngology	816	443.50	207.50	651.00	0.80
Pain Management	811	87.50	135.00	222.50	0.27
Plastic	597	465.75	124.75	590.50	0.99
Podiatry	221	209.25	50.75	260.00	1.18
Thoracic	0	0.00	0.00	0.00	0.00
Urology	369	100.25	86.25	186.50	0.51
TOTAL	9798	3,943.25	2,063.75	6007.00	0.61

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	4	9375	3342	1565.5	4907.5	0.52
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	4	9375	3342	1565.5	4907.5	0.52

Reference Numbers Facility Id 7002249
 Health Service Area 004 Planning Service Area 113
 BLOOMINGTON EYE INSTITUTE, LLC
 1008 N. CENTER ST.
 BLOOMINGTON, IL 61701

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 2
 Number of Recovery Stations Stage 2 3

Administrator Tom Restivo
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Larry Hansen/ Locke, Lord, Bi
Property Owner
 Gailey Eye Institute Properties

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate BroMenn Regional Medical Center, Blooming	4
Advocate BroMenn Regional Medical Center, Blooming	0
	0
	0
	0

Legal Owner(s)

Sumit Bhatia, MD
 Robert Lee, MD
 Ken Barba, MD
 Joseph Harman, MD
 Gregory Halperin, MD
 Ara Aprahamian, MD

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.25
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	9.05
Certified Aides	1.00
Other Health Profs.	4.00
Other Non-Health Profs	4.75
TOTAL	20.05

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	7	10	17
15-44 years	25	32	57
45-64 years	421	662	1,083
65-74 years	662	986	1,648
75+ years	792	1,022	1,814
TOTAL	1,907	2,712	4,619

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	15	30	45
Medicare	1,300	1,803	3,103
Other Public Insurance	26	4	30
Private Pay	551	857	1,408
Charity Care	15	18	33
	0	0	0
TOTAL	1,907	2,712	4,619

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
54.7%	0.5%	0.3%	33.6%	11.0%	100.0%		
2,116,073	17,842	13,500	1,300,176	424,002	3,871,594	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	1291	40.00	43.00	83.00	0.06
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	3328	815.00	665.50	1480.50	0.44
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4619	855.00	708.50	1563.50	0.34

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002512
Health Service Area 004 Planning Service Area 113
BLOOMINGTON/NORMAL HEALTHCARE SURGERY CENTER, LLC
2100 FORT JESSE ROAD
NORMAL, IL 61761

Number of Operating Rooms 4
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 8
Number of Recovery Stations Stage 2 5

Administrator Brenda Cyrulik
Date Complete 1/31/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Sarah Chacko

Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Joseph Medical Center	2
Advocate BroMenn Regional Medical Center	1
	0
	0
	0

Legal Owner(s)

MARC LEONARD
BRETT KELLER
CATHERINE CROCKETT
DANIEL BROWNSTONE
DANIEL NORD
DAVID NAOUR
GERARDO GRIECO
HAROLD NORD
JEFFREY POULTER
JOHN ESCH
JOHN WIELAND
JOSEPH NEWCOMER
KATHERINE WIDERBORG
BENJAMIN LEAK
And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	11.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	6.00
TOTAL	22.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	91	25	116
15-44 years	232	498	730
45-64 years	370	543	913
65-74 years	141	110	251
75+ years	101	94	195
TOTAL	935	1,270	2,205

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	59	72	131
Medicare	229	232	461
Other Public	0	0	0
Insurance	643	964	1,607
Private Pay	4	2	6
Charity Care	0	0	0
TOTAL	935	1,270	2,205

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.3%	4.0%	0.0%	78.4%	0.3%	100.0%		
2,347,445	541,321	0	10,606,333	41,761	13,536,860	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	202	123.00	84.50	207.50	1.03
Gastroenterology	16	6.00	7.00	13.00	0.81
General Surgery	163	62.00	68.00	130.00	0.80
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	96	23.00	40.00	63.00	0.66
OB/Gynecology	326	103.00	136.00	239.00	0.73
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	403	225.00	168.00	393.00	0.98
Otolaryngology	2	4.00	0.75	4.75	2.38
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	186	174.00	77.50	251.50	1.35
Thoracic	1	1.00	0.75	1.75	1.75
Urology	810	216.00	337.50	553.50	0.68
TOTAL	2205	937.00	920.00	1857.00	0.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers
 Facility Id 7002439
 Health Service Area 004 Planning Service Area 183
 CARLE SURGICENTER
 2300 NORTH VERMILLION
 DANVILLE, IL 61832

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 8

Administrator Kerry Fox
Date Complete 2/21/2013

Type of Ownership
 Other Not For Profit Ownership

Registered Agent

Property Owner
 N/A

Legal Owner(s)

Carle Foundation Hospital

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Provena United Samaritans Medical Center	0
Carle Foundation Hospital	2
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.20
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	8.75
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	1.00
TOTAL	13.95

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	3	3	6
15-44 years	97	225	322
45-64 years	260	416	676
65-74 years	145	211	356
75+ years	106	187	293
TOTAL	611	1,042	1,653

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	48	165	213
Medicare	257	438	695
Other Public	0	0	0
Insurance	266	371	637
Private Pay	0	0	0
Charity Care	40	68	108
TOTAL	611	1,042	1,653

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
28.3%	4.9%	0.0%	65.6%	1.2%	100.0%		
669,641	115,607	0	1,549,397	28,477	2,363,122	79,284	3%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	36	14.00	8.00	22.00	0.61
General Surgery	871	462.00	152.00	614.00	0.70
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	136	122.00	24.00	146.00	1.07
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	256	185.00	46.00	231.00	0.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	354	74.00	64.00	138.00	0.39
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1653	857.00	294.00	1151.00	0.70

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002959
 Health Service Area 004 Planning Service Area 019
 CHAMPAIGN SURGICENTER, LLC
 1702 S. MATTIS AVENUE
 CHAMPAIGN, IL 61821

Number of Operating Rooms 5
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 12
 Number of Recovery Stations Stage 2 6

Administrator Kerry Fox
Date Complete 2/21/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 James Leonard, MD
Property Owner
 N/A

Legal Owner(s)
 Carle Foundation Hospital

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Carle Foundation Hospital	14
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.80
Physicians	1.00
Nurse Anesthetists	4.00
Director of Nurses	1.00
Registered Nurses	15.22
Certified Aides	0.00
Other Health Profs.	6.50
Other Non-Health Profs	1.00
TOTAL	29.52

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	330	228	558
15-44 years	610	708	1,318
45-64 years	502	915	1,417
65-74 years	241	295	536
75+ years	198	201	399
TOTAL	1,881	2,347	4,228

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	261	292	553
Medicare	390	483	873
Other Public	11	10	21
Insurance	1,031	1,331	2,362
Private Pay	35	33	68
Charity Care	153	198	351
TOTAL	1,881	2,347	4,228

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.1%	1.5%	0.1%	92.1%	0.2%	100.0%		
955,737	243,131	14,698	14,496,248	23,921	15,733,735	324,959	2%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	99	127.00	20.00	147.00	1.48
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	173	150.00	30.00	180.00	1.04
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	3	3.00	2.00	5.00	1.67
Orthopedic	2269	17,644.00	390.00	18034.00	7.95
Otolaryngology	538	7,177.00	92.00	7269.00	13.51
Pain Management	3	6.00	2.00	8.00	2.67
Plastic	182	387.00	32.00	419.00	2.30
Podiatry	746	512.00	128.00	640.00	0.86
Thoracic	0	0.00	0.00	0.00	0.00
Urology	215	180.00	37.00	217.00	1.01
TOTAL	4228	26,186.00	733.00	26919.00	6.37

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002371
 Health Service Area 004 Planning Service Area 183
 DANVILLE POLYCLINIC, LTD. ASTC
 707 NORTH LOGAN AVENUE
 DANVILLE, IL 61832-4360

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 4

Administrator **Date Complete**
 Melissa A. Edington 2/21/2013

Type of Ownership
 Corporation (RA required)

Registered Agent
 Melissa A Edington
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Provena United Samaritans Center	7
	0
	0
	0
	0

Legal Owner(s)

P.B. Reddy, MD
 Bhaskar N. Patel, MD
 Carlos F. Gotardo, MD
 Jane Hsieh, MD
 Joseph M. Fabrizio, MD
 Keval D. Patel, MD
 M. Thangavelu, MD
 B. Malhotra, MD
 Naveed I. Sadiq, MD
 William Bowen, MD
 Rafael M. Diokno, MD
 Raja Adnan Sadiq, MD
 Raja Irfan Sadiq, MD
 S. P. Paruchuri, MD
 And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	2.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	17	83	100
15-44 years	222	368	590
45-64 years	555	576	1,131
65-74 years	404	316	720
75+ years	293	231	524
TOTAL	1,491	1,574	3,065

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	80	246	326
Medicare	740	646	1,386
Other Public	60	2	62
Insurance	604	672	1,276
Private Pay	7	8	15
Charity Care	0	0	0
TOTAL	1,491	1,574	3,065

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
37.6%	3.6%	3.1%	46.7%	8.9%	100.0%		
712,794	69,075	58,823	885,066	169,625	1,895,383	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	33	16.50	19.25	35.75	1.08
Gastroenterology	1407	352.00	816.00	1168.00	0.83
General Surgery	495	495.00	248.00	743.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	97	97.00	73.00	170.00	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	32	16.00	16.00	32.00	1.00
Otolaryngology	92	46.00	69.00	115.00	1.25
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	909	454.00	454.00	908.00	1.00
TOTAL	3065	1,476.50	1,695.25	3171.75	1.03

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002983
 Health Service Area 004 Planning Service Area 115
 DECATUR DIGESTIVE DISEASE CENTER
 #2 MEMORIAL DRIVE, PHYSICIAN PLZ WEST, STE 102
 DECATUR, IL 62526

Number of Operating Rooms 0
 Procedure Rooms 2
 Exam Rooms 0
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 4

Administrator Amy Smith
Date Complete 2/18/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

Deborah Bragg

Property Owner

Lillibridge Healthcare

Legal Owner(s)

Decatur Memorial Hospital
 Decatur Digestive Consultants

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Decatur Memorial Hospital	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.50
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	3.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	81	122	203
45-64 years	540	651	1,191
65-74 years	344	371	715
75+ years	184	296	480
TOTAL	1,149	1,440	2,589

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	526	683	1,209
Other Public	5	0	5
Insurance	618	756	1,374
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	1,149	1,440	2,589

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
27.1%	0.0%	0.4%	72.4%	0.0%	100.0%		
470,064	518	7,773	1,255,940	0	1,734,295	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	2589	353.5	647	1000.5	0.39
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2589	353.5	647	1000.5	0.39

Reference Numbers Facility Id 7002637
 Health Service Area 004 Planning Service Area 115
 DECATUR HEALTHCARE, LLC
 1770 EAST LAKE SHORE DRIVE
 DECATUR, IL 62521

Number of Operating Rooms 3
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 13
 Number of Recovery Stations Stage 2 3

Administrator Jan Weaver, RN
Date Complete 2/25/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Thomas J. Pliura, M.D., J.D.

Property Owner
 St. Mary's Hospital

Legal Owner(s)

Thomas J. Pliura, M.D.
 Marcus Deranian, M.D.
 Jeffery Trachtenberg, M.D.
 Douglas Maibenco, M.D.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Mary's Hospital, Decatur, IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	0
Friday	5
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	6	11	17
45-64 years	91	137	228
65-74 years	140	190	330
75+ years	161	206	367
TOTAL	398	544	942

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	11	31	42
Medicare	283	374	657
Other Public	0	3	3
Insurance	97	129	226
Private Pay	7	7	14
Charity Care	0	0	0
TOTAL	398	544	942

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
26.3%	7.0%	1.3%	64.5%	0.8%	100.0%		
428,972	114,813	20,757	1,051,733	13,412	1,629,687	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	13	8.00	7.25	15.25	1.17
Dermatology	1	1.00	1.00	2.00	2.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	928	159.00	308.00	467.00	0.50
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	942	168.00	316.25	484.25	0.51

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Reference Numbers Facility Id 7002413
Health Service Area 004 Planning Service Area 113
EASTLAND MEDICAL PLAZA SURGICENTER, LLC
1505 EASTLAND DRIVE
BLOOMINGTON, IL 61701

Number of Operating Rooms 4
Procedure Rooms 5
Exam Rooms 0
Number of Recovery Stations Stage 1 4
Number of Recovery Stations Stage 2 21

Administrator Brenda Cyrulik
Date Complete 2/20/2013

Type of Ownership
Limited Liability Partnership (RA required)

Registered Agent
Stephen T. Moore

Property Owner
OSF St Joseph Medical Center

Legal Owner(s)

Mariano Tolentino
Brett Keller
Catherine Crockett
Daniel Brownstone
Daniel Nord
David Naour
Gerardo Grieco
Harold Nord
Jeffrey Poulter
John Wieland
Joseph Newcomer
Katherine Widerborg
Benjamin Leak
Marc Leonard
And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF St Joseph Medical Center	23
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	26.00
Certified Aides	3.00
Other Health Profs.	8.00
Other Non-Health Profs	9.00
TOTAL	47.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	154	141	295
15-44 years	598	884	1,482
45-64 years	1,417	1,765	3,182
65-74 years	658	783	1,441
75+ years	564	780	1,344
TOTAL	3,391	4,353	7,744

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	178	364	542
Medicare	805	1,153	1,958
Other Public	11	9	20
Insurance	2,303	2,710	5,013
Private Pay	71	93	164
Charity Care	23	24	47
TOTAL	3,391	4,353	7,744

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
25.6%	6.4%	0.0%	66.1%	1.8%	100.0%		
8,786,971	2,201,628	13,240	22,710,446	626,801	34,339,086	80,054	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	74	35.00	14.80	49.80	0.67
Dermatology	452	269.00	90.40	359.40	0.80
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	400	259.00	80.00	339.00	0.85
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	163	52.00	32.60	84.60	0.52
Ophthalmology	1379	357.00	275.80	632.80	0.46
Oral/Maxillofacial	1386	270.00	277.20	547.20	0.39
Orthopedic	516	233.00	103.20	336.20	0.65
Otolaryngology	402	135.00	80.40	215.40	0.54
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	3	4.00	0.60	4.60	1.53
Thoracic	40	22.00	8.00	30.00	0.75
Urology	7	2.00	1.40	3.40	0.49
TOTAL	4822	1,638.00	964.40	2602.40	0.54

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	2429	893	485.8	1378.8	0.57
Laser Eye	1	272	194	6.8	200.8	0.74
Pain Management	1	221	39	44.2	83.2	0.38
TOTALS	5	2922	1126	536.8	1662.8	0.57

Reference Numbers Facility Id 7003170
 Health Service Area 004 Planning Service Area 115
 GAILEY EYE SURGERY - DECATUR, LLC
 646 WEST PERSHING ROAD
 DECATUR, IL 62526

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 1
 Number of Recovery Stations Stage 2 2

Administrator Tom Restivo
Date Complete 2/26/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Tom Restivo/Gailey Eye Clinic

Property Owner
 Sushant Sinha MD

Legal Owner(s)

Sumit Bhatia MD
 Robert M Lee MD
 Kenneth Barba MD
 Joseph Harman MD
 Gregory Halperin MD
 Ara Aprahamian MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Decatur Memorial Hospital, Decatur	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.25
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.50
Certified Aides	0.00
Other Health Profs.	4.25
Other Non-Health Profs	2.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	0	1
15-44 years	7	8	15
45-64 years	103	188	291
65-74 years	231	414	645
75+ years	242	396	638
TOTAL	584	1,006	1,590

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	17	14	31
Medicare	420	792	1,212
Other Public Insurance	5	9	14
Private Pay	97	78	175
Charity Care	45	113	158
	0	0	0
TOTAL	584	1,006	1,590

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	47.1%	52.9%	100.0%		
0	0	0	29,663	33,300	62,963	0	0%

FACILITY NOTES

12-023 7/23/2012
 Received permit for change of ownership.

Name Change

9/14/2012

Formerly Advanced Eye Surgery and Laser Center, LLC. - 7003123

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	546	4.79	4.36	9.15	0.02
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1044	38.52	59.80	98.32	0.09
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1590	43.31	64.16	107.47	0.07

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003056
Health Service Area 004 Planning Service Area 113
GASTROINTESTINAL INSTITUTE, LLC
2200 JACOBSEN DRIVE, SUITE A
NORMAL, IL 61761

Number of Operating Rooms 0
Procedure Rooms 2
Exam Rooms 0
Number of Recovery Stations Stage 1 0
Number of Recovery Stations Stage 2 8

Administrator **Date Complete**
Dixie Schoonover 2/28/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Stephen Samuel Matter

Property Owner
Halstead Drive, LLC

Legal Owner(s)

Stephen S Matter
Qazi E Khusro

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St Joseph Medical Center	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	1.00
Director of Nurses	0.50
Registered Nurses	3.50
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	4.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	7	9	16
15-44 years	191	362	553
45-64 years	510	816	1,326
65-74 years	240	358	598
75+ years	146	224	370
TOTAL	1,094	1,769	2,863

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	72	54	126
Medicare	321	657	978
Other Public Insurance	3	0	3
Private Pay	626	935	1,561
Charity Care	66	112	178
Charity Care	6	11	17
TOTAL	1,094	1,769	2,863

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
29.2%	0.8%	0.4%	68.8%	0.7%	100.0%		
884,212	24,190	12,693	2,080,876	21,693	3,023,664	16,575	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	2863	596	573	1169	0.41
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2863	596	573	1169	0.41

Reference Numbers Facility Id 7003129
 Health Service Area 004 Planning Service Area 113
 IRELAND GROVE CENTER FOR SURGERY
 3801 IRELAND GROVE ROAD
 BLOOMINGTON, IL 61704

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 9
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 0

Administrator **Date Complete**
 Dean J. Michal 1/31/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

William Kindorf

Property Owner

Ireland Grove Real Estate

Legal Owner(s)

Robert Russell
 Lawrence Li
 Ji Li
 Gerardo Grieco
 Edward Kolb
 Dennis Lee
 Chad Tattini

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate broMenn Regional Medical Center, Blooming	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	7.00
Certified Aides	4.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	297	245	542
15-44 years	446	446	892
45-64 years	529	619	1,148
65-74 years	109	212	321
75+ years	83	151	234
TOTAL	1,464	1,673	3,137

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	89	87	176
Medicare	190	376	566
Other Public	8	4	12
Insurance	1,165	1,196	2,361
Private Pay	12	10	22
Charity Care	0	0	0
TOTAL	1,464	1,673	3,137

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.3%	3.9%	0.6%	81.7%	0.4%	100.0%		
3,712,891	1,096,563	162,752	22,723,215	120,133	27,815,554	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	30	31.50	15.00	46.50	1.55
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	872	619.75	436.00	1055.75	1.21
Otolaryngology	1047	469.50	355.98	825.48	0.79
Pain Management	1002	141.50	180.36	321.86	0.32
Plastic	183	80.00	91.50	171.50	0.94
Podiatry	3	0.50	1.50	2.00	0.67
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3137	1,342.75	1,080.34	2423.09	0.77

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003145
Health Service Area 004 Planning Service Area 019
OLYMPIAN SURGICAL SUITES, LLC
1002 WEST INTERSTATE DRIVE
CHAMPAIGN, IL 61822

Number of Operating Rooms 2
Procedure Rooms 0
Exam Rooms 1
Number of Recovery Stations Stage 1 4
Number of Recovery Stations Stage 2 4

Administrator Julie Root
Date Complete 2/14/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Douglas Gordon
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Provena Medical Center	0
	0
	0
	0
	0

Legal Owner(s)

Sidney Rohrscheib
Julie Root
Douglas Gordon

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	1.00
TOTAL	4.00

DAYS AND HOURS OF OPERATION

Monday	6
Tuesday	8
Wednesday	0
Thursday	0
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	17	103	120
45-64 years	12	75	87
65-74 years	3	1	4
75+ years	0	0	0
TOTAL	32	179	211

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1	0	1
Other Public Insurance	0	0	0
Private Pay	31	156	187
Charity Care	0	21	21
TOTAL	0	2	2
TOTAL	32	179	211

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	91.2%	8.8%	100.0%		
301	0	0	1,509,601	145,900	1,655,802	25,750	2%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	205	224.00	103.00	327.00	1.60
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	6	12.50	9.00	21.50	3.58
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	211	236.50	112.00	348.50	1.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002710
Health Service Area 004 Planning Service Area 113
PRAIRIELAND OUTPATIENT DIAGNOSTIC CENTER, LLC
1302 FRANKLIN AVENUE, SUITE 1000
NORMAL, IL 61761

Number of Operating Rooms 0
Procedure Rooms 3
Exam Rooms 1
Number of Recovery Stations Stage 1 0
Number of Recovery Stations Stage 2 10

Administrator S. Paul Shaffer
Date Complete 2/27/2013

Type of Ownership
Limited Liability Partnership (RA required)

Registered Agent

Scott Becker

Property Owner

Advocate/Bro Menn Foundation

Legal Owner(s)

Vijay Misra, MD
Thomas DeWeert, MD
Physicians Endoscopy
Philip Koszyk, MD
Kenneth Schoenig, MD
Darryl Fernandes, MD
Advocate/BroMenn

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate/BroMenn Regional Medical Center, Normal I	6
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.25
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	5.60
Other Non-Health Profs	4.25
TOTAL	16.10

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	247	394	641
45-64 years	837	1,061	1,898
65-74 years	375	404	779
75+ years	244	262	506
TOTAL	1,703	2,121	3,824

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	19	64	83
Medicare	518	620	1,138
Other Public	3	1	4
Insurance	1,148	1,420	2,568
Private Pay	2	7	9
Charity Care	13	9	22
TOTAL	1,703	2,121	3,824

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.2%	0.6%	0.1%	88.6%	0.5%	100.0%		
415,860	26,571	4,275	3,626,833	20,006	4,093,545	17,515	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	3824	2330.75	1274.5	3605.25	0.94
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	3824	2330.75	1274.5	3605.25	0.94

Reference Numbers Facility Id 7002116
Health Service Area 004 Planning Service Area 113
THE CENTER FOR ORTHOPEDIC MEDICINE, LLC
2502 B. EAST EMPIRE STREET
BLOOMINGTON, IL 61704

Number of Operating Rooms 4
Procedure Rooms 1
Exam Rooms 0
Number of Recovery Stations Stage 1 6
Number of Recovery Stations Stage 2 6

Administrator Bryan Zowin
Date Complete 3/1/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Sarah Gardner

Property Owner
McLean County Land Trust Number H-290

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate BroMenn Healthcare	12
	0
	0
	0
	0

Legal Owner(s)

Laura Randolph, MD
Brian Hamm, DPM
BroMenn Physician Management Corp.
Carle Foundation
Christopher Rink, DO
Craig Carmichael, MD
Daniel Lange, MD
Finn Amble, MD
Gerald Paul, DPM
Jerome Oakey, MD
John Atwater, MD
Bamidele Ogunleye, MD
Joseph Novotny, MD
Willard Noyes, MD
And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	32.00
Certified Aides	1.00
Other Health Profs.	13.00
Other Non-Health Profs	13.00
TOTAL	60.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	267	200	467
15-44 years	690	968	1,658
45-64 years	779	1,335	2,114
65-74 years	289	434	723
75+ years	201	401	602
TOTAL	2,226	3,338	5,564

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	192	321	513
Medicare	513	916	1,429
Other Public	4	2	6
Insurance	1,461	1,988	3,449
Private Pay	42	103	145
Charity Care	14	8	22
TOTAL	2,226	3,338	5,564

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
5.2%	1.6%	0.1%	91.8%	1.3%	100.0%		
712,916	217,107	11,810	12,502,722	180,798	13,625,353	22,500	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	103	77.25	51.50	128.75	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	122	91.50	81.50	173.00	1.42
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2146	1,609.50	1,519.25	3128.75	1.46
Otolaryngology	657	328.50	328.50	657.00	1.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	288	432.00	191.75	623.75	2.17
Podiatry	440	440.00	220.00	660.00	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	17	25.50	8.50	34.00	2.00
TOTAL	3773	3,004.25	2,401.00	5405.25	1.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1791	297	594	891	0.50
TOTALS	1	1791	297	594	891	0.50

Reference Numbers Facility Id 7002363
 Health Service Area 004 Planning Service Area 183
 VERMILION COUNTY SURGERY CENTER, LLC
 26 W. NEWELL ROAD
 DANVILLE, IL 61834-7488

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 2
 Number of Recovery Stations Stage 1 7
 Number of Recovery Stations Stage 2 6

Administrator Michael L. Brown
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Michael L. Brown
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence United Samaritans Med Ctr-Danville	0
	0
	0
	0
	0

Legal Owner(s)

Samaritans Medical Ctr
 Presence Hospitals PRV,
 d/b/a Presence United

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.06
Certified Aides	0.00
Other Health Profs.	1.91
Other Non-Health Profs	2.06
TOTAL	7.03

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	2	3
15-44 years	10	18	28
45-64 years	52	73	125
65-74 years	124	231	355
75+ years	138	192	330
TOTAL	325	516	841

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	15	32	47
Medicare	241	438	679
Other Public	0	0	0
Insurance	66	39	105
Private Pay	3	7	10
Charity Care	0	0	0
TOTAL	325	516	841

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
54.2%	9.5%	0.0%	31.1%	5.2%	100.0%		
559,019	98,518	0	320,723	53,667	1,031,927	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	20	20.00	14.00	34.00	1.70
Gastroenterology	25	20.00	16.00	36.00	1.44
General Surgery	2	3.00	2.00	5.00	2.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	16	15.00	10.00	25.00	1.56
OB/Gynecology	2	2.00	2.00	4.00	2.00
Ophthalmology	734	158.00	122.00	280.00	0.38
Oral/Maxillofacial	16	13.00	10.00	23.00	1.44
Orthopedic	23	25.00	16.00	41.00	1.78
Otolaryngology	1	1.00	0.00	1.00	1.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	2	2.00	2.00	4.00	2.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	841	259.00	194.00	453.00	0.54

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002298
 Health Service Area 005 Planning Service Area 121
 AMBULATORY SURGERY CENTER OF CENTRALIA
 1045 MARTIN LUTHER KING DRIVE
 CENTRALIA, IL 62801

Number of Operating Rooms 1
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 2
 Number of Recovery Stations Stage 2 0

Administrator Jason Fischer BSN, R.N.
Date Complete 2/5/2013

Type of Ownership
 Limited Partnership (RA required)

Registered Agent
 National Registered Agents, In
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST MARYS GOODSAM HOSPITAL CENTRALIA	1
PUBLIC HOSPITAL TOWN OF SALEM	0
CROSSROADS HOSPITAL, MT. VERNON	0
	0
	0

Legal Owner(s)

Terence Klingele
 Heartland Properties
 Community Care, Inc
 Brenda & Mark Murfin

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	8	4	12
15-44 years	47	105	152
45-64 years	190	204	394
65-74 years	184	247	431
75+ years	183	214	397
TOTAL	612	774	1,386

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	9	64	73
Medicare	364	479	843
Other Public	2	1	3
Insurance	231	228	459
Private Pay	6	2	8
Charity Care	0	0	0
TOTAL	612	774	1,386

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
45.6%	2.2%	0.2%	51.3%	0.7%	100.0%		
752,371	36,907	3,155	847,348	11,850	1,651,630	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	625	255.25	426.00	681.25	1.09
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	48	16.75	48.00	64.75	1.35
Ophthalmology	648	148.25	192.00	340.25	0.53
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	5	0.75	3.75	4.50	0.90
Pain Management	1	0.25	0.50	0.75	0.75
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	59	59.75	41.75	101.50	1.72
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1386	481.00	712.00	1193.00	0.86

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Reference Numbers Facility Id 7001852
 Health Service Area 005 Planning Service Area 003
 COMMUNITY HEALTH AND EMERGENCY SERVICES
 13245 KESSLER RD P O BOX 233
 CAIRO, IL 62914-0233

Number of Operating Rooms 0
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 0

Administrator Frederick L. Bernstein
Date Complete 2/7/2013

Type of Ownership
 Other Not For Profit Ownership

Registered Agent

HOSPITAL TRANSFER RELATIONSHIPS

Property Owner

HOSPITAL NAME	NUMBER OF PATIENTS
Missouri Delta Hospital Sikeston, MO	0
	0
	0
	0
	0

Legal Owner(s)

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	1.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	0	0	0
45-64 years	0	0	0
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	0	0	0

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	0	0
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	0	0	0

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare #Num!	Medicaid #Num!	Other Public #Num!	Private Insurance #Num!	Private Pay #Num!	TOTALS #Error	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0	0	0	0	0	0	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Multi	1	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Reference Numbers Facility Id 7002462
Health Service Area 005 Planning Service Area 049
EFFINGHAM AMBULATORY SURGERY CENTER
904 W. TEMPLE STREET
EFFINGHAM, IL 62401

Number of Operating Rooms 5
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 5
Number of Recovery Stations Stage 2 13

Administrator Jean Roberts, R.N.
Date Complete 2/18/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Kevin McDermott

Property Owner
Effingham Medical Properties

Legal Owner(s)

Kevin Malone, MD
Illinois Spine & Pain Ctr
James Flaig, DO
James Graham, DPM
Jason McAllaster, DO
Jay Swanson, DDS
Jeffrey Whightsel, MD
John Kay, MD
Frank Lee, MD
Kelly Haller, MD
SurgCenter Development
Lawrence Leventhal, MD
Lisa Kowalski, MD
Michael Schultheis, MD
And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St Anthony's Memorial Hospital, Effingham, IL	4
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	2.00
Director of Nurses	0.00
Registered Nurses	19.00
Certified Aides	0.00
Other Health Profs.	8.00
Other Non-Health Profs	7.30
TOTAL	39.30

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	24	10	34
15-44 years	464	624	1,088
45-64 years	1,170	1,309	2,479
65-74 years	655	924	1,579
75+ years	570	820	1,390
TOTAL	2,883	3,687	6,570

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	60	203	263
Medicare	1,214	1,797	3,011
Other Public Insurance	83	21	104
Private Pay	1,502	1,643	3,145
Charity Care	23	16	39
	1	7	8
TOTAL	2,883	3,687	6,570

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.6%	0.4%	0.6%	84.8%	6.6%	100.0%		
1,913,375	104,490	151,808	21,358,700	1,669,340	25,197,713	1,583	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	2235	785.75	199.50	985.25	0.44
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	276	86.75	25.25	112.00	0.41
Ophthalmology	895	172.75	73.50	246.25	0.28
Oral/Maxillofacial	94	80.50	11.00	91.50	0.97
Orthopedic	1293	765.50	135.00	900.50	0.70
Otolaryngology	4	2.25	0.25	2.50	0.63
Pain Management	1671	209.25	0.08	209.33	0.13
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	75	46.00	6.25	52.25	0.70
Thoracic	0	0.00	0.00	0.00	0.00
Urology	27	10.75	2.00	12.75	0.47
TOTAL	6570	2,159.50	452.83	2612.33	0.40

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003143
Health Service Area 005 Planning Service Area 081
MARION EYE SURGERY CENTER
2900 BROADWAY, SUITE B
MT. VERNON, IL 62864

Number of Operating Rooms 2
Procedure Rooms 0
Exam Rooms 1
Number of Recovery Stations Stage 1 1
Number of Recovery Stations Stage 2 4

Administrator Lorianne Raynor
Date Complete 2/27/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Maqbool Ahmad, M.D.

Property Owner

Legal Owner(s)

Maqbool Ahmad

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St Mary's Good Samaritan Inc Mt. Vernon, IL 62864	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	5.00
Nurse Anesthetists	2.00
Director of Nurses	0.00
Registered Nurses	7.00
Certified Aides	0.00
Other Health Profs.	7.00
Other Non-Health Profs	1.00
TOTAL	23.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	5	9
15-44 years	58	45	103
45-64 years	394	557	951
65-74 years	562	901	1,463
75+ years	463	515	978
TOTAL	1,481	2,023	3,504

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	89	166	255
Medicare	1,025	1,396	2,421
Other Public Insurance	30	27	57
Private Pay	297	399	696
Charity Care	40	35	75
	0	0	0
TOTAL	1,481	2,023	3,504

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
74.2%	7.7%	1.7%	15.7%	0.8%	100.0%		
10,671,372	1,100,187	244,110	2,254,349	109,921	14,379,939	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	325	272.25	107.50	379.75	1.17
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	3179	734.50	1,057.00	1791.50	0.56
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3504	1,006.75	1,164.50	2171.25	0.62

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002801
Health Service Area 005 Planning Service Area 199
MARION HEALTHCARE, LLC
3003 CIVIC CIRCLE BOULEVARD
MARION, IL 62959

Number of Operating Rooms 3
Procedure Rooms 1
Exam Rooms 0
Number of Recovery Stations Stage 1 6
Number of Recovery Stations Stage 2 5

Administrator Jennifer Van Meter
Date Complete 2/25/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Thomas J. PLiura, M.D., J.D.

Property Owner
Marion HealthCare Real Estate Company

Legal Owner(s)

Michael Schifano, D.O.
Christopher Moore, DPM
Clay DeMattei, M.D.
David Mann, M.D.
Frank Blyer, M.D.
Jack Sanford, M.D.
Jeffery Deacon, DPM
Alberto Cuartus, M.D.
Khalid Javed, M.D.
Udaya Liyanage, M.D.
Patrick Sayavong, D.O.
R. Lawrence Hatchett, M.D.
Sean McCain, M.D.
Sushilkumar Tibrewala, M.D.
And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Herrin Hospital, Herrin IL	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	3.00
Director of Nurses	1.00
Registered Nurses	13.00
Certified Aides	0.00
Other Health Profs.	7.00
Other Non-Health Profs	6.00
TOTAL	31.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	142	73	215
15-44 years	214	634	848
45-64 years	511	607	1,118
65-74 years	528	599	1,127
75+ years	296	399	695
TOTAL	1,691	2,312	4,003

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	269	642	911
Medicare	972	1,086	2,058
Other Public Insurance	8	22	30
Private Pay	429	552	981
Charity Care	13	10	23
	0	0	0
TOTAL	1,691	2,312	4,003

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
24.2%	14.3%	0.7%	60.4%	0.4%	100.0%		
1,623,464	961,606	44,663	4,046,156	25,808	6,701,697	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	73	31.00	48.75	79.75	1.09
Dermatology	50	15.00	28.50	43.50	0.87
Gastroenterology	2020	538.00	741.50	1279.50	0.63
General Surgery	241	93.00	152.75	245.75	1.02
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1	1.00	1.00	2.00	2.00
OB/Gynecology	229	74.00	114.50	188.50	0.82
Ophthalmology	241	79.00	80.50	159.50	0.66
Oral/Maxillofacial	58	16.00	26.00	42.00	0.72
Orthopedic	41	17.00	27.25	44.25	1.08
Otolaryngology	196	71.00	78.50	149.50	0.76
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	75	104.00	44.00	148.00	1.97
Thoracic	38	8.00	18.00	26.00	0.68
Urology	230	64.00	109.00	173.00	0.75
TOTAL	3493	1,111.00	1,470.25	2581.25	0.74

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	510	110.5	157.75	268.25	0.53
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	510	110.5	157.75	268.25	0.53

Reference Numbers Facility Id 7001241
Health Service Area 005 Planning Service Area 199
MARION SURGERY CENTER LTD.
806 NORTH TREAS , P.O. Box 1729
MARION, IL 62959

Number of Operating Rooms 2
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 2
Number of Recovery Stations Stage 2 2

Administrator Linda K. Bickers
Date Complete 1/31/2013

Type of Ownership
Limited Partnership (RA required)

Registered Agent
Ronald E. Osman

Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Heartland Regional Medical Center, Marion, IL	0
	0
	0
	0
	0

Legal Owner(s)

William P. Hess Sr., DPM
Ukeme Umana
RJO L.P.
Paducah Bank and trust FBO Paul Juergens
Marion Holdings LLC.
Maqbool Ahmad M.D.
George Ortiz M.D.

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	3.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	31	19	50
15-44 years	73	78	151
45-64 years	155	225	380
65-74 years	109	229	338
75+ years	114	140	254
TOTAL	482	691	1,173

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	10	11	21
Medicare	252	433	685
Other Public	0	0	0
Insurance	206	240	446
Private Pay	11	6	17
Charity Care	3	1	4
TOTAL	482	691	1,173

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
30.4%	0.4%	0.0%	65.3%	3.9%	100.0%		
491,022	7,005	0	1,055,325	63,284	1,616,636	10,460	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	1	0.50	0.75	1.25	1.25
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	30	15.00	17.50	32.50	1.08
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	247	74.00	162.50	236.50	0.96
Oral/Maxillofacial	51	74.00	48.00	122.00	2.39
Orthopedic	28	16.00	25.75	41.75	1.49
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	784	124.00	243.25	367.25	0.47
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	32	39.00	21.75	60.75	1.90
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1173	342.50	519.50	862.00	0.73

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002900
 Health Service Area 005 Planning Service Area 199
 PAIN CARE SURGERY
 108 AIRWAY DRIVE
 MARION, IL 62959

Number of Operating Rooms 0
 Procedure Rooms 1
 Exam Rooms 3
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 4

Administrator Laxmaiah Manchikanti
Date Complete 2/26/2013

Type of Ownership
 Corporation (RA required)

Registered Agent
 Laxmaiah Manchikanti

Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Heartland Regional Center	1
	0
	0
	0
	0

Legal Owner(s)

Yogesh Malla
 Laxmaiah Manchikanti

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	1.00
TOTAL	2.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	0
Thursday	0
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	195	527	722
45-64 years	354	579	933
65-74 years	55	81	136
75+ years	11	35	46
TOTAL	615	1,222	1,837

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	269	645	914
Medicare	255	431	686
Other Public	9	5	14
Insurance	82	141	223
Private Pay	6	4	10
Charity Care	0	0	0
TOTAL	621	1,226	1,847

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
22.0%	65.6%	1.5%	9.2%	1.8%	100.0%		
232,700	695,304	15,478	97,087	18,880	1,059,449	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1837	107	245	352	0.19
TOTALS	1	1837	107	245	352	0.19

Reference Numbers Facility Id 7003128
 Health Service Area 005 Planning Service Area 077
 PHYSICIANS' SURGERY CENTER, LLC
 2601 WEST MAIN STREET
 CARBONDALE, IL 62901-1034

Number of Operating Rooms 2
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 5
 Number of Recovery Stations Stage 2 5

Administrator Stephen Renfro
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

Bill Sherwood

Property Owner

Southern Illinois Healthcare

Legal Owner(s)

Sylvia Garwin, MD
 Southern Illinois Healthcare
 Sam Stokes, III, MD
 Michaelis Jackson, MD
 Marsha Nelson, MD
 Judsen Brewer, MD
 Frederick Dressen, DO
 Frank Walker, MD
 Douglas Gates, MD
 Adrian Martin, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Memorial Hospital, Carbondale, Illinois	4
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	6.50
Certified Aides	0.00
Other Health Profs.	7.25
Other Non-Health Profs	3.50
TOTAL	18.25

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	206	162	368
15-44 years	265	607	872
45-64 years	450	626	1,076
65-74 years	282	338	620
75+ years	204	264	468
TOTAL	1,407	1,997	3,404

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	219	770	989
Medicare	471	491	962
Other Public Insurance	34	20	54
Private Pay	616	690	1,306
Charity Care	57	19	76
	10	7	17
TOTAL	1,407	1,997	3,404

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
12.5%	5.0%	0.1%	72.9%	9.4%	100.0%		
517,572	209,260	5,684	3,022,233	390,395	4,145,144	18,201	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	268	149.75	220.00	369.75	1.38
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	204	70.00	123.75	193.75	0.95
Ophthalmology	784	115.00	270.50	385.50	0.49
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	444	134.50	209.75	344.25	0.78
Pain Management	676	89.50	133.50	223.00	0.33
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	636	108.50	334.00	442.50	0.70
TOTAL	3012	667.25	1,291.50	1958.75	0.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	392	97	142.5	239.5	0.61
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	392	97	142.5	239.5	0.61

Reference Numbers Facility Id 7002421
 Health Service Area 005 Planning Service Area 199
 SOUTHERN ILLINOIS ORTHOPEDIC CENTER, LLC
 510 LINCOLN DRIVE
 HERRIN, IL 62948-3738

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 6

Administrator Greg Thompson
Date Complete 2/28/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Richard Morgan, MD
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
HERRIN HOSPITAL	3
	0
	0
	0
	0

Legal Owner(s)

Southern Orthopedic Associates, LLC
 Southern Illinois Healthcare Services

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	13.00
Certified Aides	0.00
Other Health Profs.	7.00
Other Non-Health Profs	5.00
TOTAL	27.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	46	35	81
15-44 years	516	376	892
45-64 years	563	562	1,125
65-74 years	154	203	357
75+ years	62	118	180
TOTAL	1,341	1,294	2,635

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	211	198	409
Medicare	326	307	633
Other Public Insurance	49	35	84
Private Pay	699	697	1,396
Charity Care	41	45	86
	15	12	27
TOTAL	1,341	1,294	2,635

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.3%	10.7%	2.8%	65.2%	3.0%	100.0%		
4,588,546	2,673,391	696,073	16,348,041	752,162	25,058,213	2,079	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2635	1,905.00	1,167.00	3072.00	1.17
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2635	1,905.00	1,167.00	3072.00	1.17

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001969
 Health Service Area 006 Planning Service Area 030
 25 EAST SAME DAY SURGERY
 25 EAST WASHINGTON, SUITE 300
 CHICAGO, IL 60602-1708

Number of Operating Rooms 4
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 12
 Number of Recovery Stations Stage 2 0

Administrator Kim Zidonis
Date Complete 2/26/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 CT CORPORATION
Property Owner
 ASPIRE PROPERTY

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
UNIVERSITY OF CHICAGO HOSPITAL	0
	0
	0
	0
	0

Legal Owner(s)

SCOTT RUBINSTEIN, MD
 SANJAY RAO, MD
 NSUHS/USP I CORP
 MARY SZATKOWSKI, MD
 JINGTAO GUO, MD
 HITE HASS FAMILY PRACTICE
 GEORGE BUCCIERO, DPM
 DAVID GARELICK, MD
 COLMAN KRAFF, MD

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	7	17	24
15-44 years	193	423	616
45-64 years	271	444	715
65-74 years	195	312	507
75+ years	152	205	357
TOTAL	818	1,401	2,219

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	36	52	88
Medicare	296	471	767
Other Public	1	1	2
Insurance	431	632	1,063
Private Pay	54	245	299
Charity Care	0	0	0
TOTAL	818	1,401	2,219

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.7%	1.4%	0.1%	69.3%	11.5%	100.0%		
718,943	58,028	2,565	2,815,315	466,010	4,060,861	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	2	0.50	0.50	1.00	0.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	105	45.50	52.50	98.00	0.93
Ophthalmology	1252	440.75	626.00	1066.75	0.85
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	174	126.75	87.00	213.75	1.23
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	104	21.75	34.50	56.25	0.54
Plastic	301	534.50	150.50	685.00	2.28
Podiatry	276	230.25	138.00	368.25	1.33
Thoracic	0	0.00	0.00	0.00	0.00
Urology	5	2.00	1.50	3.50	0.70
TOTAL	2219	1,402.00	1,090.50	2492.50	1.12

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002256
Health Service Area 006 Planning Service Area 030
ADVANCED AMBULATORY SURGICAL CENTER
2333 NORTH HARLEM AVENUE
CHICAGO, IL 60707

Number of Operating Rooms 3
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 5
Number of Recovery Stations Stage 2 2

Administrator Dr. Severko Hrywnak
Date Complete 2/27/2013

Type of Ownership
Corporation (RA required)

Registered Agent
ROBERT POLOVIN

Property Owner
2333 N. HARLEM LIMITED PARTNERSHIP

Legal Owner(s)

SEVERKO HRYWNAK

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
GOTLIEB MEMORIAL HOSPITAL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	6.00
TOTAL	17.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	8
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	3	2	5
15-44 years	187	174	361
45-64 years	193	248	441
65-74 years	6	10	16
75+ years	2	0	2
TOTAL	391	434	825

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	4	4
Other Public Insurance	0	0	0
Private Pay	297	380	677
Charity Care	87	48	135
TOTAL	7	2	9
TOTAL	391	434	825

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	95.8%	4.2%	100.0%		
0	0	0	2,798,775	123,550	2,922,325	45,000	2%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	13	13.00	6.00	19.00	1.46
Gastroenterology	81	43.00	30.00	73.00	0.90
General Surgery	28	31.00	12.00	43.00	1.54
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	5	2.00	5.00	7.00	1.40
Oral/Maxillofacial	13	4.00	7.00	11.00	0.85
Orthopedic	157	171.00	68.00	239.00	1.52
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	342	118.00	81.00	199.00	0.58
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	185	214.00	83.00	297.00	1.61
Thoracic	1	1.00	1.30	2.30	2.30
Urology	0	0.00	0.00	0.00	0.00
TOTAL	825	597.00	293.30	890.30	1.08

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7000789
 Health Service Area 006 Planning Service Area 030
 ALBANY MEDICAL SURGICAL CENTER
 5086 N. ELSTON AVENUE
 CHICAGO, IL 60630

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 3
 Number of Recovery Stations Stage 1 1
 Number of Recovery Stations Stage 2 1

Administrator **Date Complete**
 Diana Maracich 3/11/2013

Type of Ownership
 Sole Proprietorship

Registered Agent

HOSPITAL TRANSFER RELATIONSHIPS

Property Owner
 Walter Dragosz

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Memorial Hospital	0
	0
	0
	0
	0

Legal Owner(s)

Walter Dragosz

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	3.00
Nurse Anesthetists	1.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	4.00
Other Health Profs.	4.00
Other Non-Health Profs	29.00
TOTAL	44.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	8
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	33	33
15-44 years	0	5,428	5,428
45-64 years	0	9	9
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	0	5,470	5,470

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	1,512	1,512
Private Pay	0	3,958	3,958
Charity Care	0	0	0
TOTAL	0	5,470	5,470

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	49.6%	50.4%	100.0%		
0	0	0	1,910,967	1,938,859	3,849,826	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	5470	1,367.00	1,826.00	3193.00	0.58
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	5470	1,367.00	1,826.00	3193.00	0.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7000037
 Health Service Area 006 Planning Service Area 030
 AMERICAN WOMEN'S MEDICAL GROUP DBA WESTERN DIVERSE
 2744 N. WESTERN AVENUE
 CHICAGO, IL 60647

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 2
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 2

Administrator Renlin Xia M.D.
Date Complete 2/26/2013

Type of Ownership
 Corporation (RA required)

Registered Agent

Vedder Price

Property Owner

Renlin Xia, M.D.

Legal Owner(s)

Renlin Xia
 Jan Barton

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Norwegian Hospital Chicago	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	5.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	6
Wednesday	10
Thursday	0
Friday	10
Saturday	7
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	12	12
15-44 years	0	1,505	1,505
45-64 years	1	15	16
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	1	1,532	1,533

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	1	90	91
Private Pay	0	1,442	1,442
Charity Care	0	0	0
TOTAL	1	1,532	1,533

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	25.6%	74.4%	100.0%		
0	0	0	236,492	687,027	923,519	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	3	2.25	1.35	3.60	1.20
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1527	763.50	794.04	1557.54	1.02
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	3	3.25	3.50	6.75	2.25
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1533	769.00	798.89	1567.89	1.02

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003131
 Health Service Area 006 Planning Service Area 030
 BELMONT/HARLEM SURGERY CENTER, LLC
 3101 NORTH HARLEM AVENUE
 CHICAGO, IL 60634

Number of Operating Rooms 4
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 5
 Number of Recovery Stations Stage 2 8

Administrator Faith McHale
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 NANCY ARMATAS

Property Owner
 Presence Healthcare Services

Legal Owner(s)

Manus Kraff
 Anthony Grande
 Arun Ohri
 Brian McCall
 Christopher Mahr
 David Yoon
 Gregory Fahrenbach
 Alan Sadah
 John Senal
 Tomasz Szmyd
 Mark Buranosky
 Michael Dehaan
 Michele Lipman
 Mishail Shapiro
 And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
RESURRECTION MEDICAL CENTER	1
OUR LADY OF RESURRECTION MEDICAL CENTER	2
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.50
Certified Aides	0.00
Other Health Profs.	3.50
Other Non-Health Profs	2.50
TOTAL	12.50

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	48	34	82
15-44 years	110	81	191
45-64 years	261	225	486
65-74 years	210	275	485
75+ years	225	380	605
TOTAL	854	995	1,849

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	54	57	111
Medicare	270	444	714
Other Public	0	0	0
Insurance	375	287	662
Private Pay	153	206	359
Charity Care	2	1	3
TOTAL	854	995	1,849

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
32.2%	2.0%	0.0%	31.1%	34.8%	100.0%		
785,761	47,678	0	758,073	847,871	2,439,383	7,578	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	96	34.50	26.00	60.50	0.63
General Surgery	13	4.00	6.50	10.50	0.81
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1158	426.75	332.25	759.00	0.66
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	302	236.00	227.25	463.25	1.53
Otolaryngology	91	30.25	30.75	61.00	0.67
Pain Management	48	7.75	7.75	15.50	0.32
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	124	106.75	61.50	168.25	1.36
Thoracic	0	0.00	0.00	0.00	0.00
Urology	17	11.75	7.75	19.50	1.15
TOTAL	1849	857.75	699.75	1557.50	0.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001720
Health Service Area 006 Planning Service Area 030
FULLERTON KIMBALL MEDICAL & SURGICAL CENTER
3412 W. FULLERTON AVENUE
CHICAGO, IL 60647-2416

Number of Operating Rooms 2
Procedure Rooms 0
Exam Rooms 2
Number of Recovery Stations Stage 1 6
Number of Recovery Stations Stage 2 0

Administrator Renlin Xia
Date Complete 2/19/2013

Type of Ownership
Corporation (RA required)

Registered Agent

RENLIN XIA

Property Owner

Legal Owner(s)

RENLIN XIA

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ILLINOIS MASONIC HOSPITAL - CHICAGO	0
NORWEGIAN AMERICAN HOSPITAL - CHICAGO	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	0.00
Certified Aides	1.00
Other Health Profs.	2.00
Other Non-Health Profs	10.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	3	2	5
15-44 years	221	152	373
45-64 years	293	375	668
65-74 years	128	84	212
75+ years	36	48	84
TOTAL	681	661	1,342

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	2	14	16
Medicare	166	193	359
Other Public	0	0	0
Insurance	476	434	910
Private Pay	34	16	50
Charity Care	3	4	7
TOTAL	681	661	1,342

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	38.5%	61.5%	100.0%		
0	0	0	809,073	1,289,848	2,098,921	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	2.00	1.00	3.00	3.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	65	52.00	16.75	68.75	1.06
General Surgery	47	60.00	20.25	80.25	1.71
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	3	4.00	2.50	6.50	2.17
OB/Gynecology	6	8.25	3.25	11.50	1.92
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	95	104.25	83.50	187.75	1.98
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1051	480.25	182.25	662.50	0.63
Plastic	20	20.75	8.50	29.25	1.46
Podiatry	51	71.75	22.50	94.25	1.85
Thoracic	0	0.00	0.00	0.00	0.00
Urology	3	3.25	2.50	5.75	1.92
TOTAL	1342	806.50	343.00	1149.50	0.86

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002827
 Health Service Area 006 Planning Service Area 030
 FULLERTON SURGERY CENTER
 4849 WEST FULLERTON
 CHICAGO, IL 60639

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 3

Administrator **Date Complete**
 Salam Okasha 2/27/2013

Type of Ownership
 Sole Proprietorship

Registered Agent

HOSPITAL TRANSFER RELATIONSHIPS

Property Owner
 NASER RUSTOM, M.D.

HOSPITAL NAME	NUMBER OF PATIENTS
ST. ELIZABETH HOSPITAL , CHICAGO IL	0
	0
	0
	0
	0

Legal Owner(s)

NASER RUSTOM, M.D.

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	5.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	13
Tuesday	13
Wednesday	13
Thursday	13
Friday	13
Saturday	13
Sunday	13

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	441	346	787
45-64 years	571	540	1,111
65-74 years	86	106	192
75+ years	42	47	89
TOTAL	1,140	1,039	2,179

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	99	128	227
Other Public	0	0	0
Insurance	997	868	1,865
Private Pay	33	40	73
Charity Care	11	3	14
TOTAL	1,140	1,039	2,179

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.5%	0.0%	0.0%	85.7%	12.8%	100.0%		
91,752	0	0	5,164,319	769,360	6,025,432	22,000	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	1.75	2.00	3.75	3.75
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	881	440.50	293.70	734.20	0.83
General Surgery	80	80.00	40.00	120.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	23	6.45	7.70	14.15	0.62
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	92	92.00	46.00	138.00	1.50
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1025	512.50	341.70	854.20	0.83
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	54	40.50	14.00	54.50	1.01
Thoracic	0	0.00	0.00	0.00	0.00
Urology	23	17.25	11.50	28.75	1.25
TOTAL	2179	1,190.95	756.60	1947.55	0.89

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003150
 Health Service Area 006 Planning Service Area 030
 GOLD COAST SURGICENTER, LLC
 845 N. MICHIGAN AVE., #985W
 CHICAGO, IL 60611-2201

Number of Operating Rooms 3
 Procedure Rooms 1
 Exam Rooms 4
 Number of Recovery Stations Stage 1 5
 Number of Recovery Stations Stage 2 8

Administrator Edward Ortiz
Date Complete 3/1/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 HAROLD ROSEN

Property Owner
 WATER TOWER, LLC

Legal Owner(s)

SMITHFIELD MEDICAL DEVELOPMENT
 ROBERTO DIAZ MD
 NEURO ONE, LLC
 GREG HORNER MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
NORTHWESTERN MEMORIAL HOSPITAL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	5.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	10
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	163	391	554
45-64 years	90	130	220
65-74 years	4	10	14
75+ years	3	0	3
TOTAL	260	531	791

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	180	190	370
Private Pay	80	341	421
Charity Care	0	0	0
TOTAL	260	531	791

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	78.8%	21.2%	100.0%		
0	0	0	2,543,653	683,711	3,227,364	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	2	0.75	1.00	1.75	0.88
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	25	35.00	11.75	46.75	1.87
OB/Gynecology	5	4.00	2.50	6.50	1.30
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	104	120.50	52.00	172.50	1.66
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	464	904.25	231.75	1136.00	2.45
Podiatry	6	3.50	3.00	6.50	1.08
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	606	1,068.00	302.00	1370.00	2.26

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	185	36.25	80	116.25	0.63
TOTALS	1	185	36.25	80	116.25	0.63

Reference Numbers Facility Id 7003133
 Health Service Area 006 Planning Service Area 030
 GRAND AVENUE SURGICAL CENTER
 17 WEST GRAND AVENUE
 CHICAGO, IL 60654

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 5
 Number of Recovery Stations Stage 2 4

Administrator Joe Jafari
Date Complete 2/27/2013

Type of Ownership
 Corporation (RA required)

Registered Agent
 Sarah Jafari

Property Owner
 Parliament Enterprises

Legal Owner(s)

Sarah Jafari
 Nercy Jafari
 Javad Jafari

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Norwegian American Hospital, Chicago	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	2.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	6.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	8
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	2	1	3
15-44 years	171	243	414
45-64 years	152	267	419
65-74 years	10	15	25
75+ years	1	0	1
TOTAL	336	526	862

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1	2	3
Other Public	0	0	0
Insurance	311	488	799
Private Pay	22	32	54
Charity Care	2	4	6
TOTAL	336	526	862

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	93.1%	6.9%	100.0%		
689	0	0	2,773,324	205,127	2,979,140	17,700	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	96	34.50	49.00	83.50	0.87
General Surgery	58	30.00	39.00	69.00	1.19
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	124	154.50	124.00	278.50	2.25
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	19	42.75	38.00	80.75	4.25
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	414	217.25	116.00	333.25	0.80
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	142	261.00	116.00	377.00	2.65
Thoracic	0	0.00	0.00	0.00	0.00
Urology	9	5.25	5.00	10.25	1.14
TOTAL	862	745.25	487.00	1232.25	1.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003126
 Health Service Area 006 Planning Service Area 030
 HISPANIC AMERICAN ENDOSCOPY CENTER
 3536 WEST FULLERTON AVENUE
 CHICAGO, IL 60647

Number of Operating Rooms 0
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 2
 Number of Recovery Stations Stage 2 2

Administrator **Date Complete**
 Ramon A Garcia M.D. 2/28/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

Kara Friedman

Property Owner

Garcia Properties

Legal Owner(s)

Ramon A. Garcia

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Norwegian American Hospital	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	3.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	6.00
Certified Aides	3.00
Other Health Profs.	0.00
Other Non-Health Profs	1.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	7
Tuesday	7
Wednesday	7
Thursday	7
Friday	0
Saturday	7
Sunday	5

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	123	80	203
45-64 years	187	142	329
65-74 years	106	67	173
75+ years	35	37	72
TOTAL	451	326	777

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	6	11	17
Medicare	151	131	282
Other Public Insurance	0	0	0
Private Pay	208	145	353
Charity Care	84	39	123
	2	0	2
TOTAL	451	326	777

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	6.5%	0.0%	90.9%	2.6%	100.0%		
0	92,783	0	1,306,797	37,564	1,437,144	2,700	0%

FACILITY NOTES

12-068 10/30/2012

Received permit to add Pain Management specialty to a limited-specialty ASTC, resulting in a multi-specialty ASTC with Pain Management, Gastroenterology and Urology specialties.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro	1	663	185	134	319	0.48
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
Urology		114	15	22	37	0.32
TOTALS	1	777	200	156	356	0.46

Reference Numbers Facility Id 7002884
 Health Service Area 006 Planning Service Area 030
 HYDE PARK SURGERY CENTER, LLC
 1644 E. 53RD STREET
 CHICAGO, IL 60615

Number of Operating Rooms 1
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 2
 Number of Recovery Stations Stage 2 1

Administrator **Date Complete**
 Fortune Massuda 2/18/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 David B. Sosin

Property Owner

Legal Owner(s)

Fortune Massuda

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Mercy Hospital & Medical Center, Chicago, IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.40
Registered Nurses	1.60
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	1.50
TOTAL	5.50

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	0
Wednesday	8
Thursday	0
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	0	1
15-44 years	7	40	47
45-64 years	56	111	167
65-74 years	48	119	167
75+ years	68	162	230
TOTAL	180	432	612

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	13	26	39
Medicare	113	290	403
Other Public	0	0	0
Insurance	51	115	166
Private Pay	1	0	1
Charity Care	2	1	3
TOTAL	180	432	612

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
32.5%	3.4%	0.0%	64.0%	0.2%	100.0%		
296,481	30,849	0	584,437	1,800	913,567	6,400	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	489	244.50	242.87	487.37	1.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	42	31.50	20.86	52.36	1.25
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	81	121.50	40.23	161.73	2.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	612	397.50	303.96	701.46	1.15

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002975
 Health Service Area 006 Planning Service Area 030
 LAKESHORE SURGERY CENTER
 7200 N. WESTERN AVENUE
 CHICAGO, IL 60645-1812

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 0

Administrator Yvette Barnabas
Date Complete 2/21/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 THOMAS CONLEY
Property Owner
 RAGHU NAYAK

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST FRANCIS	2
	0
	0
	0
	0

Legal Owner(s)

RAGHU NAYAK

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	3.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	9
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	475	204	679
45-64 years	317	242	559
65-74 years	22	23	45
75+ years	2	0	2
TOTAL	816	469	1,285

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	643	347	990
Private Pay	173	122	295
Charity Care	0	0	0
TOTAL	816	469	1,285

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	91.9%	8.1%	100.0%		
0	0	0	4,865,850	428,119	5,293,969	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	153	76.50	45.50	122.00	0.80
General Surgery	25	12.50	7.50	20.00	0.80
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	25	25.00	15.00	40.00	1.60
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	425	637.50	170.00	807.50	1.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	637	318.50	191.00	509.50	0.80
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	5	5.00	1.50	6.50	1.30
Thoracic	0	0.00	0.00	0.00	0.00
Urology	15	15.00	4.50	19.50	1.30
TOTAL	1285	1,090.00	435.00	1525.00	1.19

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002678
 Health Service Area 006 Planning Service Area 030
 NOVAMED SURGERY CENTER OF CHICAGO NORTHSORE
 3034 WEST PETERSON AVE.
 CHICAGO, IL 60659-3729

Number of Operating Rooms 1
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 1
 Number of Recovery Stations Stage 2 0

Administrator Mary Pedersen
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 John W. Lawrence

Property Owner
 Melvyn Gerstein, MD

Legal Owner(s)

NovaMed Management Services, LLC
 Lawrence D. Wolin, MD
 Kathleen M. Scarpulla, MD
 Grace S.K. Bai
 GersteinASC Interests, LLC
 Dimitri G. Perros, MD
 David M. Greenberg, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital, Chicago, Illinois	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	6.00
Other Non-Health Profs	0.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	6
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	33	40	73
45-64 years	314	367	681
65-74 years	461	604	1,065
75+ years	426	629	1,055
TOTAL	1,234	1,641	2,875

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	151	201	352
Medicare	711	1,063	1,774
Other Public	0	0	0
Insurance	329	327	656
Private Pay	43	50	93
Charity Care	0	0	0
TOTAL	1,234	1,641	2,875

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
64.3%	11.9%	0.0%	20.7%	3.0%	100.0%		
2,314,422	428,393	0	746,378	108,782	3,597,975	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	118	20.00	20.00	40.00	0.34
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2741	914.00	637.50	1551.50	0.57
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	16	5.50	4.50	10.00	0.63
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2875	939.50	662.00	1601.50	0.56

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002918
 Health Service Area 006 Planning Service Area 030
 PETERSON MEDICAL SURGI-CENTER
 2300 WEST PETERSON AVENUE
 CHICAGO, IL 60659

Number of Operating Rooms 2
 Procedure Rooms 2
 Exam Rooms 0
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 0

Administrator Tess Sagaidoro
Date Complete 2/26/2013

Type of Ownership
 Sole Proprietorship

Registered Agent

Property Owner
 Aref Senno

Legal Owner(s)

Aref Senno

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital, Chicago, IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	1.00
Other Health Profs.	1.00
Other Non-Health Profs	1.00
TOTAL	6.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	12
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	78	43	121
45-64 years	73	79	152
65-74 years	10	1	11
75+ years	0	0	0
TOTAL	161	123	284

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	149	121	270
Private Pay	12	2	14
Charity Care	0	0	0
TOTAL	161	123	284

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	98.6%	1.4%	100.0%		
0	0	0	2,071,658	30,200	2,101,858	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	26	85.50	13.00	98.50	3.79
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	5	4.75	5.00	9.75	1.95
OB/Gynecology	3	1.00	1.00	2.00	0.67
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	146	82.75	109.50	192.25	1.32
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	11	7.50	5.50	13.00	1.18
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	191	181.50	134.00	315.50	1.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	2	1.25	1.5	2.75	1.38
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	91	14.25	45.5	59.75	0.66
TOTALS	2	93	15.5	47	62.5	0.67

Reference Numbers Facility Id 7002090
Health Service Area 006 Planning Service Area 030
RIVER NORTH SAME DAY SURGERY CENTER
ONE E. ERIE ST., #300
CHICAGO, IL 60611-2737

Number of Operating Rooms 4
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 12
Number of Recovery Stations Stage 2 0

Administrator Nancy Franke
Date Complete 2/26/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
CT Corporation System
Property Owner
Ontario Property

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Illinois Masonic	0
	0
	0
	0
	0

Legal Owner(s)

Mark Bowen
Amit Mehta
Armen Kelikian
Arpan Patel
Charlie Carroll
Dan Nagle
David Kalainov
Gordon Nuber
Gordon Siegel
Alex Vargas
John Stogin
USPI International
Michael Byun
North Shore University
And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	2.00
Registered Nurses	4.00
Certified Aides	1.00
Other Health Profs.	4.00
Other Non-Health Profs	5.00
TOTAL	17.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	12	11	23
15-44 years	578	886	1,464
45-64 years	523	500	1,023
65-74 years	102	146	248
75+ years	38	45	83
TOTAL	1,253	1,588	2,841

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	7	5	12
Medicare	91	149	240
Other Public	2	1	3
Insurance	1,143	1,284	2,427
Private Pay	10	149	159
Charity Care	0	0	0
TOTAL	1,253	1,588	2,841

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.4%	0.1%	0.0%	93.7%	2.7%	100.0%		
274,182	9,641	0	7,480,800	219,489	7,984,112	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	543	239.50	271.50	511.00	0.94
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	6	15.60	3.00	18.60	3.10
Orthopedic	1886	2,112.70	1,886.00	3998.70	2.12
Otolaryngology	57	40.70	28.50	69.20	1.21
Pain Management	230	70.60	38.40	109.00	0.47
Plastic	113	284.90	113.00	397.90	3.52
Podiatry	1	1.30	0.50	1.80	1.80
Thoracic	0	0.00	0.00	0.00	0.00
Urology	5	3.10	2.50	5.60	1.12
TOTAL	2841	2,768.40	2,343.40	5111.80	1.80

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002280
 Health Service Area 006 Planning Service Area 030
 ROGERS PARK ONE DAY SURGERY CENTER
 7616 NORTH PAULINA
 CHICAGO, IL 60626

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 9
 Number of Recovery Stations Stage 2 0

Administrator Philippe Espinosa
Date Complete 2/20/2013

Type of Ownership
 Limited Liability Partnership (RA required)

Registered Agent
 THOMAS CONLEY
Property Owner
 RAGHU NAYAK

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST.FRANCIS HOSPITAL	4
	0
	0
	0
	0

Legal Owner(s)

RAGHU NAYAK

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	3.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	9
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	242	99	341
45-64 years	296	138	434
65-74 years	25	9	34
75+ years	0	0	0
TOTAL	563	246	809

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	460	187	647
Private Pay	103	59	162
Charity Care	0	0	0
TOTAL	563	246	809

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	92.0%	8.0%	100.0%		
0	0	0	3,199,710	278,239	3,477,949	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	128	64.00	38.50	102.50	0.80
General Surgery	15	7.50	4.50	12.00	0.80
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	25	25.00	7.50	32.50	1.30
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	129	193.50	51.50	245.00	1.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	205	102.50	61.50	164.00	0.80
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	9	9.00	2.50	11.50	1.28
Thoracic	0	0.00	0.00	0.00	0.00
Urology	298	298.00	89.50	387.50	1.30
TOTAL	809	699.50	255.50	955.00	1.18

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001753
Health Service Area 006 Planning Service Area 030
RUSH SURGICENTER - PROFESSIONAL BUILDING
1725 W. HARRISON, SUITE 556
CHICAGO, IL 60612

Number of Operating Rooms 4
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 16
Number of Recovery Stations Stage 2 0

Administrator **Date Complete**
Barbara L Ramsey 3/26/2013

Type of Ownership
Limited Partnership (RA required)

Registered Agent
Max D Brown JD

Property Owner
RUMC

Legal Owner(s)

University Anesthesia Pain
Rush University Medical Center
Midwest Orthopedics

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
RUMC, Chicago	11
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	21.00
Certified Aides	0.00
Other Health Profs.	12.00
Other Non-Health Profs	14.00
TOTAL	48.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	32	27	59
15-44 years	1,033	1,096	2,129
45-64 years	1,399	1,060	2,459
65-74 years	490	267	757
75+ years	277	139	416
TOTAL	3,231	2,589	5,820

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	532	893	1,425
Other Public	0	0	0
Insurance	2,696	1,646	4,342
Private Pay	3	50	53
Charity Care	0	0	0
TOTAL	3,231	2,589	5,820

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.5%	0.0%	0.0%	92.4%	1.0%	100.0%		
1,082,704	0	0	15,293,698	172,839	16,549,241	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	20	29.00	0.75	29.75	1.49
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	107	82.00	0.75	82.75	0.77
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	92	45.00	0.75	45.75	0.50
Ophthalmology	69	14.00	0.75	14.75	0.21
Oral/Maxillofacial	1	4.00	0.50	4.50	4.50
Orthopedic	2921	2,663.00	0.75	2663.75	0.91
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	2370	316.00	0.50	316.50	0.13
Plastic	127	141.00	0.75	141.75	1.12
Podiatry	45	36.00	0.75	36.75	0.82
Thoracic	0	0.00	0.00	0.00	0.00
Urology	68	81.00	0.75	81.75	1.20
TOTAL	5820	3,411.00	7.00	3418.00	0.59

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002645
 Health Service Area 006 Planning Service Area 030
 SIX CORNERS SAME DAY SURGERY, LLC
 4211 N CICERO AVE STE 400
 CHICAGO, IL 60641

Number of Operating Rooms 4
 Procedure Rooms 1
 Exam Rooms 3
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 6

Administrator S. George Elias, MD
Date Complete 2/28/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 S. George Elias MD
Property Owner
 4211 N Cicero LLC

Legal Owner(s)
 S. George Elias MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital	0
Our Lady of the Resurrection	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	4.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	0
Wednesday	8
Thursday	0
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	73	65	138
45-64 years	37	74	111
65-74 years	11	6	17
75+ years	0	0	0
TOTAL	121	145	266

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	117	144	261
Private Pay	4	1	5
Charity Care	0	0	0
TOTAL	121	145	266

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	99.3%	0.7%	100.0%		
0	0	0	13,187,421	97,322	13,284,743	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	0.70	1.10	1.80	1.80
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	89	136.20	77.50	213.70	2.40
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	176	68.40	45.70	114.10	0.65
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	266	205.30	124.30	329.60	1.24

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Reference Numbers Facility Id 7003171
 Health Service Area 006 Planning Service Area 030
 SOUTH LOOP ENDOSCOPY & WELLNESS CENTER LLC
 2334-40 South Wabash
 CHICAGO, IL 60616

Number of Operating Rooms 0
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 1
 Number of Recovery Stations Stage 2 2

Administrator Karen Kump
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Business Filings Incorporated

Property Owner
 Summit Real Estate

Legal Owner(s)

David Chua

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	0.00
Certified Aides	0.00
Other Health Profs.	0.30
Other Non-Health Profs	0.00
TOTAL	0.30

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	0
Wednesday	6
Thursday	0
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	3	2	5
45-64 years	3	6	9
65-74 years	3	1	4
75+ years	0	0	0
TOTAL	9	9	18

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	6	7	13
Private Pay	3	2	5
Charity Care	0	0	0
TOTAL	9	9	18

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0	0%
0	0	0	0	2,100	2,100		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	18	4	9.16	13.16	0.73
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	18	4	9.16	13.16	0.73

Reference Numbers
 Facility Id 7003072
 Health Service Area 006 Planning Service Area 030
 SURGICORE
 10547 S. EWING AVENUE
 CHICAGO, IL 60617

Number of Operating Rooms 1
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 1
 Number of Recovery Stations Stage 2 0

Administrator Michael A Wood, D.P.M.
Date Complete 2/22/2013

Type of Ownership
 Corporation (RA required)

Registered Agent

John Roberts

Property Owner

Michael A. Wood

Legal Owner(s)

Michael A. Wood

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Margaret Mercy Hospital Hammond, Indiana	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	0.00
TOTAL	4.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	13	1	14
15-44 years	27	61	88
45-64 years	33	75	108
65-74 years	13	31	44
75+ years	11	22	33
TOTAL	97	190	287

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	20	54	74
Other Public	0	0	0
Insurance	75	133	208
Private Pay	0	3	3
Charity Care	0	0	0
TOTAL	95	190	285

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
19.0%	0.0%	0.0%	80.5%	0.5%	100.0%		
157,135	0	0	665,544	4,500	827,179	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	287	230.50	72.00	302.50	1.05
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	287	230.50	72.00	302.50	1.05

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003169
Health Service Area 006 Planning Service Area 030
SWEDISH COVENANT SURGERY CENTER, LLC
5215 N. California Ave., Suite F800
CHICAGO, IL 60625

Number of Operating Rooms 3
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 12
Number of Recovery Stations Stage 2 12

Administrator Vivek Taparia
Date Complete 2/12/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent

Mark Newton

Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital	0
	0
	0
	0
	0

Legal Owner(s)

Peter Chioros
Cycelia Mizera
Daniel Greenberg
David Nissan
Edward Forman
Gregory Amarantos
Han Lim
Jaroslaw Dzwinyk
Joseph D'Silva
Balakrishna Sundar
Megan Leahy
Xiaoyuan Xie
Regent Surgical Health
Roberto Levi
And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	1.00
Other Health Profs.	3.00
Other Non-Health Profs	4.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	2	0	2
15-44 years	35	22	57
45-64 years	32	52	84
65-74 years	16	23	39
75+ years	12	23	35
TOTAL	97	120	217

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	33	58	91
Other Public	0	0	0
Insurance	61	59	120
Private Pay	1	3	4
Charity Care	2	0	2
TOTAL	97	120	217

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
29.5%	0.0%	0.0%	68.2%	2.3%	100.0%		
137,155	0	0	317,518	10,676	465,349	463	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	11	9.00	7.00	16.00	1.45
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	30	13.00	10.00	23.00	0.77
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	65	45.50	35.50	81.00	1.25
Otolaryngology	7	3.00	2.00	5.00	0.71
Pain Management	77	26.50	11.00	37.50	0.49
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	25	18.50	12.00	30.50	1.22
Thoracic	0	0.00	0.00	0.00	0.00
Urology	2	1.75	1.00	2.75	1.38
TOTAL	217	117.25	78.50	195.75	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002272
 Health Service Area 006 Planning Service Area 030
 THE SURGERY CENTER AT 900 N. MICHIGAN AVENUE, LLC
 60 E. DELAWARE PLACE, 15TH FLOOR
 CHICAGO, IL 60611-1425

Number of Operating Rooms 5
 Procedure Rooms 2
 Exam Rooms 0
 Number of Recovery Stations Stage 1 19
 Number of Recovery Stations Stage 2 0

Administrator Guita Griffiths
Date Complete 2/28/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Kenneth A Goldstein; Horwood,

Property Owner
 JMB Urban Realty

Legal Owner(s)

Steven Stryker, MD
 Ronald Michael, MD
 Peter Geldner, MD
 Neeraj Jain, MD
 Nanette Rumsey, MD
 John McMahan, MD
 900 Equity Holdings

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Memorial Hospital	6
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	15.00
Certified Aides	1.00
Other Health Profs.	7.00
Other Non-Health Profs	12.00
TOTAL	37.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	8	8	16
15-44 years	566	3,289	3,855
45-64 years	461	1,199	1,660
65-74 years	115	252	367
75+ years	85	108	193
TOTAL	1,235	4,856	6,091

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	167	247	414
Other Public	0	0	0
Insurance	826	2,559	3,385
Private Pay	242	2,049	2,291
Charity Care	0	0	0
TOTAL	1,235	4,856	6,091

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.4%	0.0%	0.0%	71.0%	25.6%	100.0%		
393,356	0	0	8,235,204	2,969,021	11,597,581	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	415	253.00	172.75	425.75	1.03
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	411	150.75	171.25	322.00	0.78
Ophthalmology	361	292.25	120.50	412.75	1.14
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2	1.25	0.50	1.75	0.88
Otolaryngology	478	849.50	199.25	1048.75	2.19
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	1253	2,184.00	626.50	2810.50	2.24
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	76	131.50	31.75	163.25	2.15
TOTAL	2996	3,862.25	1,322.50	5184.75	1.73

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	616	219.25	205.5	424.75	0.69
IVF Proce	1	902	186	225.5	411.5	0.46
Laser Eye	0	0	0	0	0	0.00
LB Adjust		1368	341.75	228	569.75	0.42
Pain		209	30	35	65	0.31
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3095	777	694	1471	0.48

Reference Numbers Facility Id 7002140
 Health Service Area 007 Planning Service Area 043
 ADVANTAGE HEALTH CARE, LTD.
 203 E. IRVING PARK ROAD
 WOOD DALE, IL 60191

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 0

Administrator Aimee Dillard
Date Complete 2/26/2013

Type of Ownership
 Corporation (RA required)

Registered Agent

Joseph Horowitz

Property Owner

Arizona-Illinois, LP

Legal Owner(s)

Advantage Health Care. Ltd

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital, Arlington Hts II	0
Lutheran General Hospital, Park Ridge II	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	3.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	8
Wednesday	9
Thursday	0
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	0	391	391
45-64 years	0	6	6
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	0	398	398

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	139	139
Private Pay	0	258	258
Charity Care	0	1	1
TOTAL	0	398	398

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	74.9%	25.1%	100.0%		
0	0	0	332,488	111,714	444,202	4,678	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	398	299.00	398.00	697.00	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	398	299.00	398.00	697.00	1.75

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003140
Health Service Area 007 Planning Service Area 043
AIDEN CENTER FOR DAY SURGERY, LLC
1580 WEST LAKE STREET
ADDISON, IL 60101

Number of Operating Rooms 4
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 6
Number of Recovery Stations Stage 2 5

Administrator Ali Nili
Date Complete 2/22/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent

Paul A. Gilman

Property Owner

Legal Owner(s)

Kianoosh Jafari, M.D.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Alexian Brothers Medical Center, Elk Grove Village	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	0.33
Registered Nurses	4.00
Certified Aides	2.00
Other Health Profs.	1.00
Other Non-Health Profs	4.00
TOTAL	13.33

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	5	3	8
15-44 years	65	163	228
45-64 years	131	275	406
65-74 years	26	73	99
75+ years	23	30	53
TOTAL	250	544	794

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	5	13	18
Medicare	56	94	150
Other Public	0	0	0
Insurance	160	389	549
Private Pay	29	48	77
Charity Care	0	0	0
TOTAL	250	544	794

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.8%	0.1%	0.0%	87.4%	10.7%	100.0%		
95,534	4,018	0	4,565,030	559,379	5,223,961	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	298	391.75	75.25	467.00	1.57
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	67	80.00	40.50	120.50	1.80
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	82	19.50	21.00	40.50	0.49
Plastic	46	80.50	23.00	103.50	2.25
Podiatry	301	355.50	88.00	443.50	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	794	927.25	247.75	1175.00	1.48

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002082
 Health Service Area 007 Planning Service Area 043
 AMBULATORY SURGICENTER OF DOWNERS GROVE
 4333 MAIN STREET
 DOWNERS GROVE, IL 60515

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 4

Administrator Inga Ferdkoff
Date Complete 2/18/2013

Type of Ownership
 Corporation (RA required)

Registered Agent
 AMOS E. MADANES M.D.

Property Owner
 CHESTNUT MNGMT

Legal Owner(s)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
GOOD SAMARITAN HOSP, DOWNERS GROVE	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	5.00
Certified Aides	1.00
Other Health Profs.	4.00
Other Non-Health Profs	6.00
TOTAL	17.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	5	1,167	1,172
45-64 years	1	54	55
65-74 years	0	1	1
75+ years	0	0	0
TOTAL	6	1,222	1,228

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public Insurance	0	0	0
Private Pay	1	235	236
Charity Care	5	987	992
TOTAL	6	1,222	1,228

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	84.6%	15.4%	100.0%		
0	0	0	2,793,951	508,282	3,302,233	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1222	1,527.50	427.70	1955.20	1.60
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	6	7.50	2.50	10.00	1.67
TOTAL	1228	1,535.00	430.20	1965.20	1.60

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003138
 Health Service Area 007 Planning Service Area 031
 ASHTON CENTER FOR DAY SURGERY
 1800 MCDONOUGH RD., STE . 100
 HOFFMAN ESTATES, IL 60192

Number of Operating Rooms 4
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 10

Administrator Ali Nili
Date Complete 2/22/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Paul A. Gilman

Property Owner

Legal Owner(s)

Kianoosh Jafar, M.D.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Alexius Medical Center, Hoffman Estates	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.50
Nurse Anesthetists	0.00
Director of Nurses	0.33
Registered Nurses	6.20
Certified Aides	0.50
Other Health Profs.	0.40
Other Non-Health Profs	3.00
TOTAL	11.93

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	0	1
15-44 years	141	133	274
45-64 years	244	220	464
65-74 years	79	134	213
75+ years	37	70	107
TOTAL	502	557	1,059

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	125	206	331
Other Public	0	0	0
Insurance	339	306	645
Private Pay	38	45	83
Charity Care	0	0	0
TOTAL	502	557	1,059

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.2%	0.0%	0.0%	86.8%	5.9%	100.0%		
263,202	0	0	3,160,718	216,109	3,640,028	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	102	134.25	25.50	159.75	1.57
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	2	2.50	1.25	3.75	1.88
Ophthalmology	4	3.75	1.00	4.75	1.19
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	24	28.00	6.75	34.75	1.45
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	903	213.50	230.00	443.50	0.49
Plastic	6	10.50	3.00	13.50	2.25
Podiatry	18	21.25	5.25	26.50	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1059	413.75	272.75	686.50	0.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003064
 Health Service Area 007 Planning Service Area 043
 CADENCE AMBULATORY SURGERY CENTER
 27650 FERRY ROAD SUITE 140
 WARRENVILLE, IL 60555

Number of Operating Rooms 4
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 4

Administrator Robert Friedberg
Date Complete 3/1/2013

Type of Ownership
 Other Not For Profit Ownership

Registered Agent

Property Owner

Cadence Health

Legal Owner(s)

Cadence Health

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Central DuPage Hospital - Winfield	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	16.00
Certified Aides	0.00
Other Health Profs.	7.00
Other Non-Health Profs	4.00
TOTAL	29.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	30	45	75
15-44 years	344	546	890
45-64 years	719	708	1,427
65-74 years	321	210	531
75+ years	284	133	417
TOTAL	1,698	1,642	3,340

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	21	17	38
Medicare	541	302	843
Other Public	0	1	1
Insurance	1,127	1,307	2,434
Private Pay	6	10	16
Charity Care	3	5	8
TOTAL	1,698	1,642	3,340

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.5%	0.2%	0.0%	91.4%	0.9%	100.0%		
490,963	15,180	0	6,017,171	60,202	6,583,515	40	0%

FACILITY NOTES

E-007-12 10/30/2012
 Received permit for change of ownership.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2053	2,771.50	855.25	3626.75	1.77
Otolaryngology	1287	218.75	150.25	369.00	0.29
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3340	2,990.25	1,005.50	3995.75	1.20

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003098
 Health Service Area 007 Planning Service Area 043
 CHICAGO PROSTATE CANCER SURGERY CENTER
 815 PASQUEINELLI DRIVE
 WESTMONT, IL 60559

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 3
 Number of Recovery Stations Stage 2 6

Administrator Jennifer Broucek
Date Complete 2/6/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Jennifer Broucek

Property Owner
 Quasar, LLC

Legal Owner(s)
 Brian J Moran, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Adventist Hinsdale Hospital	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	2.00
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	2	0	2
45-64 years	404	0	404
65-74 years	412	0	412
75+ years	124	0	124
TOTAL	942	0	942

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	423	0	423
Other Public Insurance	3	0	3
Private Pay	504	0	504
Charity Care	12	0	12
	0	0	0
TOTAL	942	0	942

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
49.7%	0.0%	0.1%	45.9%	4.4%	100.0%		
1,357,138	0	1,529	1,254,849	119,728	2,733,244	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	942	471.00	471.00	942.00	1.00
TOTAL	942	471.00	471.00	942.00	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001555
 Health Service Area 007 Planning Service Area 031
 CHILDREN'S OUTPATIENT SERVICES AT WESTCHESTER
 2301 ENTERPRISE DRIVE
 WESTCHESTER, IL 60154

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 8

Administrator Kristen Diccio
Date Complete 2/28/2013

Type of Ownership
 Other Not For Profit Ownership

Registered Agent

Property Owner

Legal Owner(s)

Ann & Robert H. Lurie Children's Hospital of Chicago

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
LaGrange Memorial Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	13.80
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	0.00
TOTAL	17.80

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1,066	735	1,801
15-44 years	67	46	113
45-64 years	0	0	0
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	1,133	781	1,914

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	209	121	330
Medicare	0	1	1
Other Public Insurance	3	3	6
Private Pay	910	643	1,553
Charity Care	1	0	1
	9	14	23
TOTAL	1,132	782	1,914

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	8.3%	0.2%	91.4%	0.1%	100.0%		
179	712,757	15,477	7,838,083	4,836	8,571,332	10,029	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	527	208.88	219.55	428.43	0.81
Gastroenterology	130	38.51	54.16	92.67	0.71
General Surgery	53	15.61	22.05	37.66	0.71
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	10	5.60	4.16	9.76	0.98
Oral/Maxillofacial	20	23.41	8.33	31.74	1.59
Orthopedic	55	64.37	22.91	87.28	1.59
Otolaryngology	565	305.34	235.41	540.75	0.96
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	98	60.33	40.83	101.16	1.03
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	456	409.80	189.16	598.96	1.31
TOTAL	1914	1,131.85	796.56	1928.41	1.01

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003023
 Health Service Area 007 Planning Service Area 043
 DMG SURGICAL CENTER, LLC
 2725 S. TECHNOLOGY DRIVE
 LOMBARD, IL 60148

Number of Operating Rooms 5
 Procedure Rooms 3
 Exam Rooms 0
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 12

Administrator Dennis Fine
Date Complete 2/28/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Elizabeth Miller

Property Owner
 DMG Realestate Holding

Legal Owner(s)

Edward Hospital
 DuPage Medical Group

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital	6
Central DuPage Hospital - Cadence	2
Good Samaritan Hospital	6
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	33.00
Certified Aides	4.00
Other Health Profs.	15.00
Other Non-Health Profs	6.00
TOTAL	60.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	6
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	653	320	973
15-44 years	1,319	1,412	2,731
45-64 years	3,598	3,640	7,238
65-74 years	1,212	1,232	2,444
75+ years	550	557	1,107
TOTAL	7,332	7,161	14,493

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,168	1,270	2,438
Other Public	31	24	55
Insurance	6,010	5,715	11,725
Private Pay	123	152	275
Charity Care	0	0	0
TOTAL	7,332	7,161	14,493

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.1%	0.0%	1.2%	74.4%	1.3%	100.0%		
5,402,627	0	289,489	17,400,736	294,037	23,386,889	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	1076	880.00	269.00	1149.00	1.07
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	108	78.75	27.00	105.75	0.98
Ophthalmology	1407	716.00	351.75	1067.75	0.76
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1032	936.75	258.00	1194.75	1.16
Otolaryngology	1444	1,340.50	361.00	1701.50	1.18
Pain Management	199	29.50	49.75	79.25	0.40
Plastic	538	557.75	134.50	692.25	1.29
Podiatry	492	820.75	123.00	943.75	1.92
Thoracic	0	0.00	0.00	0.00	0.00
Urology	980	949.50	245.00	1194.50	1.22
TOTAL	7276	6,309.50	1,819.00	8128.50	1.12

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	7217	2981	1104.25	4085.25	0.57
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	7217	2981	1104.25	4085.25	0.57

Reference Numbers Facility Id 7003121
 Health Service Area 007 Planning Service Area 043
 DUPAGE EYE SURGERY CENTER, LLC
 2015 NORTH MAIN STREET
 WHEATON, IL 60187

Number of Operating Rooms 3
 Procedure Rooms 2
 Exam Rooms 0
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 12

Administrator Charles S. Sandor, MD
Date Complete 2/26/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Charles S. Sandor, MD

Property Owner
 2015 Realty

Legal Owner(s)

Michael Kipp, MD
 Byron R. Tabbut, MD
 Charles S. Sandor, MD
 Edward Sung, MD
 Janet Lee, MD
 Jeffrey R. Haag, MD
 Anna Park, MD
 Mary Mehaffey, MD
 Thomas S. Michelson, MD
 Michelle Andreoli, MD
 Michelle G. Sims, MD
 Ruth Williams, MD
 Steven Lafayette, MD
 Susan Anderson-Nelson, MD
 And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Central DuPage Hospital (Cadence), Winfield	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	11.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	4.00
TOTAL	22.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	2
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	1	2
15-44 years	136	145	281
45-64 years	847	938	1,785
65-74 years	919	1,331	2,250
75+ years	913	1,472	2,385
TOTAL	2,816	3,887	6,703

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	26	40	66
Medicare	1,539	2,499	4,038
Other Public	0	4	4
Insurance	1,108	1,154	2,262
Private Pay	109	154	263
Charity Care	34	36	70
TOTAL	2,816	3,887	6,703

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
61.3%	1.0%	0.1%	34.7%	2.9%	100.0%		
14,846,594	235,531	13,894	8,403,690	704,295	24,204,003	259,908	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	5302	1,467.75	529.54	1997.29	0.38
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	5302	1,467.75	529.54	1997.29	0.38

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	2	1401	70	140.76	210.76	0.15
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1401	70	140.76	210.76	0.15

Reference Numbers Facility Id 7003154
 Health Service Area 007 Planning Service Area 043
 ELMHURST MEDICAL & SURGICAL CENTER P.C.
 340 WEST BUTTERFIELD RD, SUITE 1B
 ELMHURST, IL 60126

Number of Operating Rooms 1
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 3
 Number of Recovery Stations Stage 2 0

Administrator **Date Complete**
 Esther H. Lyon 2/21/2013

Type of Ownership
 Sole Proprietorship

Registered Agent

HOSPITAL TRANSFER RELATIONSHIPS

Property Owner

HOSPITAL NAME	NUMBER OF PATIENTS
ELMHURST MEMORIAL HOSPITAL	0
	0
	0
	0
	0

Legal Owner(s)

Esther Lyon

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	0.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	0.00
TOTAL	1.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	0
Wednesday	0
Thursday	0
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	33	54	87
45-64 years	46	88	134
65-74 years	4	7	11
75+ years	0	0	0
TOTAL	83	149	232

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	7	7
Other Public	0	0	0
Insurance	83	142	225
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	83	149	232

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		
0	0	0	898,872	0	898,872	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	232	232.00	117.00	349.00	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	232	232.00	117.00	349.00	1.50

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002330
Health Service Area 007 Planning Service Area 043
ELMHURST OUTPATIENT SURGERY CENTER, LLC
1200 S. YORK ROAD, SUITE 1400
ELMHURST, IL 60126-6533

Number of Operating Rooms 4
Procedure Rooms 4
Exam Rooms 0
Number of Recovery Stations Stage 1 18
Number of Recovery Stations Stage 2 0

Administrator Tina Mentz
Date Complete 2/21/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent

Carol Hogan

Property Owner

Elmhurst Memorial Hospital

Legal Owner(s)

Eric Sloan MD
John Hamby MD
John Giradot MD
Jeffrey Meisles MD
Janet Kaczor MD
Harry Siavelis MD
Gordon Kinzler MD
George Stathopoulos MD
George Fikaris MD
Gary Kronen MD
Fred Tiesenga MD
Andrew Belavic MD
Eugene Bartucci MD
Kirk Papa MD
And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Elmhurst Memorial Hospital	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	19.30
Certified Aides	2.10
Other Health Profs.	9.20
Other Non-Health Profs	17.55
TOTAL	50.15

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	111	89	200
15-44 years	814	812	1,626
45-64 years	1,319	1,620	2,939
65-74 years	624	904	1,528
75+ years	598	983	1,581
TOTAL	3,466	4,408	7,874

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,154	1,824	2,978
Other Public	3	2	5
Insurance	2,225	2,418	4,643
Private Pay	80	164	244
Charity Care	4	0	4
TOTAL	3,466	4,408	7,874

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
33.6%	0.0%	0.1%	63.2%	3.1%	100.0%		
11,197,212	0	22,263	21,033,282	1,031,871	33,284,629	6,168	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	735	515.75	183.75	699.50	0.95
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	42	14.75	10.50	25.25	0.60
Ophthalmology	294	217.50	73.50	291.00	0.99
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	647	468.75	161.75	630.50	0.97
Otolaryngology	580	243.50	145.00	388.50	0.67
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	233	279.25	58.25	337.50	1.45
Podiatry	498	317.25	124.50	441.75	0.89
Thoracic	0	0.00	0.00	0.00	0.00
Urology	201	70.25	50.25	120.50	0.60
TOTAL	3230	2,127.00	807.50	2934.50	0.91

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	805	284	201.25	485.25	0.60
Laser Eye	0	0	0	0	0	0.00
Multi OPHT	2	1547	585	386.75	971.75	0.63
Pain Management	1	2292	315.5	573	888.5	0.39
TOTALS	4	4644	1184.5	1161	2345.5	0.51

Reference Numbers Facility Id 7002397
 Health Service Area 007 Planning Service Area 031
 ELMWOOD PARK SAME DAY SURGERY, LLC
 1614 N. HARLEM AVENUE
 ELMWOOD PARK, IL 60707-4302

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 0

Administrator Kim Zidonis
Date Complete 2/26/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 CT CORPORATION

Property Owner
 HUGAR BUILDING PARTNERSHIP

Legal Owner(s)

RONALD W HUGAR, DPM
 NORTHSORE/ USP
 MICHAEL HENNESSEY, MD
 MANUAL SANTIAGO, MD
 DONALD W HUGAR, DPM

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
GOTLEIB	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	1.00
TOTAL	4.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	7	5	12
15-44 years	9	56	65
45-64 years	61	101	162
65-74 years	54	83	137
75+ years	62	114	176
TOTAL	193	359	552

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	10	25	35
Medicare	107	185	292
Other Public	0	0	0
Insurance	67	124	191
Private Pay	9	25	34
Charity Care	0	0	0
TOTAL	193	359	552

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
35.1%	1.9%	0.0%	56.1%	6.9%	100.0%		
273,107	14,853	0	437,235	53,726	778,921	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	19	9.50	9.50	19.00	1.00
Ophthalmology	367	139.25	183.50	322.75	0.88
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	15	20.00	7.50	27.50	1.83
Podiatry	143	124.00	71.50	195.50	1.37
Thoracic	0	0.00	0.00	0.00	0.00
Urology	8	2.50	2.00	4.50	0.56
TOTAL	552	295.25	274.00	569.25	1.03

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002942
 Health Service Area 007 Planning Service Area 043
 EYE SURGERY CENTER OF HINSDALE, LLC
 950 NORTH YORK ROAD, STE 203
 HINSDALE, IL 60521

Number of Operating Rooms 2
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 4

Administrator Brian D. Smith M.D.
Date Complete 2/25/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Brian D Smith

Property Owner
 North York Road LLC

Legal Owner(s)

Mark Benjamin
 Brian D Smith

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Hinsdale Hospital, Hinsdale IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.20
Director of Nurses	1.00
Registered Nurses	1.40
Certified Aides	0.00
Other Health Profs.	0.50
Other Non-Health Profs	1.50
TOTAL	4.60

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	4
Wednesday	10
Thursday	0
Friday	5
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	17	26	43
45-64 years	187	219	406
65-74 years	210	399	609
75+ years	344	544	888
TOTAL	758	1,188	1,946

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	4	4
Medicare	463	809	1,272
Other Public Insurance	13	13	26
Private Pay	250	301	551
Charity Care	30	59	89
	2	2	4
TOTAL	758	1,188	1,946

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
32.8%	0.0%	0.1%	51.9%	15.2%	100.0%		
848,648	0	2,099	1,342,886	394,024	2,587,657	12,000	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1332	445.00	449.50	894.50	0.67
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1332	445.00	449.50	894.50	0.67

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	614	154.3	105	259.3	0.42
Pain Management	0	0	0	0	0	0.00
TOTALS	1	614	154.3	105	259.3	0.42

Reference Numbers Facility Id 7003137
 Health Service Area 007 Planning Service Area 031
 FRANCISCAN ST. JAMES SURGERY CENTER
 333 DIXIE HIGHWAY
 CHICAGO HEIGHTS, IL 60411

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 10

Administrator Seth Warren
Date Complete 2/21/2013

Type of Ownership
 Church Related Not For Profit

Registered Agent

Property Owner

Legal Owner(s)

Franciscan Alliance, Inc.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Franciscan St. James Health-Chicago Heights	7
University of Chicago Hospital-Chicago	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	3.00
Director of Nurses	1.00
Registered Nurses	12.00
Certified Aides	6.00
Other Health Profs.	1.00
Other Non-Health Profs	1.00
TOTAL	26.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	62	31	93
15-44 years	206	250	456
45-64 years	463	755	1,218
65-74 years	284	363	647
75+ years	234	312	546
TOTAL	1,249	1,711	2,960

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	4	11	15
Medicare	488	677	1,165
Other Public	16	10	26
Insurance	729	998	1,727
Private Pay	8	6	14
Charity Care	4	9	13
TOTAL	1,249	1,711	2,960

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
29.4%	0.3%	0.9%	69.2%	0.3%	100.0%		
1,863,983	18,375	56,525	4,391,051	19,496	6,349,430	3,016	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	473	374.50	118.50	493.00	1.04
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	336	84.00	84.00	168.00	0.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	109	77.50	27.50	105.00	0.96
Ophthalmology	525	400.50	131.50	532.00	1.01
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	797	939.50	199.50	1139.00	1.43
Otolaryngology	116	91.25	29.00	120.25	1.04
Pain Management	340	74.50	85.00	159.50	0.47
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	70	62.50	17.50	80.00	1.14
Thoracic	0	0.00	0.00	0.00	0.00
Urology	194	115.50	48.50	164.00	0.85
TOTAL	2960	2,219.75	741.00	2960.75	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002231
 Health Service Area 007 Planning Service Area 031
 GOLF SURGICAL CENTER, LLC
 8901 GOLF ROAD
 DES PLAINES, IL 60016-1425

Number of Operating Rooms 5
 Procedure Rooms 3
 Exam Rooms 0
 Number of Recovery Stations Stage 1 7
 Number of Recovery Stations Stage 2 19

Administrator **Date Complete**
 Nicholas Lygizos, M.D. 2/6/2013

Type of Ownership
 Limited Liability Partnership (RA required)

Registered Agent
 CORPORATE CREATIONS INT
Property Owner
 ACC GOLF ROAD, LLC

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ADVOCATE LUTHERAN GENERAL	0
	0
	0
	0
	0

Legal Owner(s)

ASTC SERVICES
 ADVOCATE NETWORK SERVICES

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	12.60
Certified Aides	0.00
Other Health Profs.	4.56
Other Non-Health Profs	6.16
TOTAL	24.32

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	267	201	468
15-44 years	456	411	867
45-64 years	687	877	1,564
65-74 years	451	750	1,201
75+ years	686	1,019	1,705
TOTAL	2,547	3,258	5,805

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	28	45	73
Medicare	950	1,541	2,491
Other Public	0	1	1
Insurance	1,568	1,671	3,239
Private Pay	0	0	0
Charity Care	1	0	1
TOTAL	2,547	3,258	5,805

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
36.0%	1.0%	0.0%	62.6%	0.4%	100.0%		
11,141,126	313,698	1,340	19,382,249	112,677	30,951,090	5,195	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	229	145.75	57.00	202.75	0.89
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2195	1,305.50	549.00	1854.50	0.84
Oral/Maxillofacial	64	96.00	16.00	112.00	1.75
Orthopedic	844	864.25	211.00	1075.25	1.27
Otolaryngology	678	510.50	169.50	680.00	1.00
Pain Management	13	5.00	3.50	8.50	0.65
Plastic	31	23.75	8.00	31.75	1.02
Podiatry	116	134.00	29.00	163.00	1.41
Thoracic	0	0.00	0.00	0.00	0.00
Urology	46	39.00	11.50	50.50	1.10
TOTAL	4216	3,123.75	1,054.50	4178.25	0.99

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	324	180	81	261	0.81
Laser Eye	1	803	116.75	67	183.75	0.23
MULTI GEN	1	462	261.25	77	338.25	0.73
Pain Management	0	0	0	0	0	0.00
TOTALS	3	1589	558	225	783	0.49

Reference Numbers Facility Id 7002314
 Health Service Area 007 Planning Service Area 043
 HINSDALE SURGICAL CENTER
 908 N. ELM STREET, SUITE 401
 HINSDALE, IL 60521

Number of Operating Rooms 4
 Procedure Rooms 0
 Exam Rooms 2
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 10

Administrator Henry DeVries
Date Complete 3/19/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 CT Corporation System
Property Owner
 Partners Health Trust

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Adventist Hinsdale Hospital Hinsdale	5
	0
	0
	0
	0

Legal Owner(s)

Napolitano, Kimberly
 Bercek, Michael
 Bittar, Sarni
 Girgis, Samuel
 Guay-Bhatia, Lisa
 Hagen, Coleen
 Hanna, Wafik
 Izquierdo, Ricardo
 Jain, Neeraj
 Kett, Dwight
 Kopolovic, Richard
 Larson, Bruce
 McLachlan, Daniel
 Zalik, Leonard
 And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	2.00
Registered Nurses	23.00
Certified Aides	4.00
Other Health Profs.	4.00
Other Non-Health Profs	7.00
TOTAL	41.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	98	92	190
15-44 years	373	730	1,103
45-64 years	684	1,093	1,777
65-74 years	634	936	1,570
75+ years	506	746	1,252
TOTAL	2,295	3,597	5,892

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	38	59	97
Medicare	1,094	1,686	2,780
Other Public Insurance	59	3	62
Private Pay	992	1,654	2,646
Charity Care	112	195	307
	0	0	0
TOTAL	2,295	3,597	5,892

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
24.7%	0.7%	3.5%	68.8%	2.3%	100.0%		
2,074,732	56,570	298,273	5,779,051	196,545	8,405,171	78,521	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	210	8,696.00	0.00	8696.00	41.41
Laser Eye Surgery	429	12,015.00	0.00	12015.00	28.01
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	256	8,146.00	0.00	8146.00	31.82
Ophthalmology	2255	71,807.00	0.00	71807.00	31.84
Oral/Maxillofacial	25	1,322.00	0.00	1322.00	52.88
Orthopedic	117	6,025.00	0.00	6025.00	51.50
Otolaryngology	484	33,092.00	0.00	33092.00	68.37
Pain Management	1651	21,594.00	0.00	21594.00	13.08
Plastic	297	24,368.00	0.00	24368.00	82.05
Podiatry	131	8,480.00	0.00	8480.00	64.73
Thoracic	0	0.00	0.00	0.00	0.00
Urology	37	1,429.00	0.00	1429.00	38.62
TOTAL	5892	196,974.00	0.00	196974.00	33.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003122
 Health Service Area 007 Planning Service Area 031
 HOFFMAN ESTATES SURGERY CENTER, LLC
 1555 BARRINGTON ROAD, DOB #3, SUITE 0400
 HOFFMAN ESTATES, IL 60169-1019

Number of Operating Rooms 3
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 10

Administrator ANNAMARIE C. YORK
Date Complete 2/19/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 ILLINOIS CORPORATION SER
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST. ALEXIUS MEDICAL CENTER	3
	0
	0
	0
	0

Legal Owner(s)

Erwin Szela
 Abraham Mathew
 Maria Rosselson
 Kimberlee Curnyn
 Keith Schroeder
 Keith Komnick
 John Moran
 John Michon
 Jeffrey Jagmin
 Jason Rotstein
 Jagbir Ahuja
 Mark Dubin
 George Zahrebelski
 Mark Piotrowski
 And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	11.00
Certified Aides	4.00
Other Health Profs.	5.00
Other Non-Health Profs	6.00
TOTAL	28.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	87	42	129
15-44 years	296	415	711
45-64 years	876	1,070	1,946
65-74 years	697	911	1,608
75+ years	441	724	1,165
TOTAL	2,397	3,162	5,559

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	958	1,469	2,427
Other Public	0	0	0
Insurance	1,394	1,653	3,047
Private Pay	19	27	46
Charity Care	26	13	39
TOTAL	2,397	3,162	5,559

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
38.5%	0.0%	0.0%	61.0%	0.5%	100.0%		
14,195,176	0	0	22,489,995	182,390	36,867,561	46,169	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	144	44.25	53.00	97.25	0.68
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	160	75.75	58.75	134.50	0.84
Ophthalmology	2876	894.75	1,054.75	1949.50	0.68
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	507	240.00	186.25	426.25	0.84
Otolaryngology	146	60.75	53.75	114.50	0.78
Pain Management	216	34.50	79.25	113.75	0.53
Plastic	38	27.00	14.75	41.75	1.10
Podiatry	319	252.25	117.50	369.75	1.16
Thoracic	0	0.00	0.00	0.00	0.00
Urology	48	34.75	17.75	52.50	1.09
TOTAL	4454	1,664.00	1,635.75	3299.75	0.74

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	1105	344.75	405.25	750	0.68
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	1105	344.75	405.25	750	0.68

Reference Numbers Facility Id 7003165
Health Service Area 007 Planning Service Area 031
ILLINOIS HAND & UPPER EXTREMITY CENTER
515 West Algonquin Road
Arlington Heights, IL 60005

Number of Operating Rooms 1
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 4
Number of Recovery Stations Stage 2 4

Administrator Donna Kersting
Date Complete 2/28/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent

Richard Weil

Property Owner

ALGO, LLC

Legal Owner(s)

Scott Sagerman
Prasant Atluri
Michael Vender
Hand Surgery Associates

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital Arlington Heights	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	0.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	0.00
TOTAL	0.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	175	51	226
45-64 years	89	83	172
65-74 years	6	4	10
75+ years	0	1	1
TOTAL	270	139	409

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	270	139	409
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	270	139	409

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		
0	0	0	1,615,248	0	1,615,248	0	0%

FACILITY NOTES

10-022 3/2/2012
Facility received license for operation.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	409	613.50	340.80	954.30	2.33
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	409	613.50	340.80	954.30	2.33

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003118
 Health Service Area 007 Planning Service Area 031
 ILLINOIS SPORTS MEDICINE & ORTHOPEDIC SURGERY CENT
 9000 WAUKEGAN ROAD, SUITE 120
 MORTON GROVE, IL 60053

Number of Operating Rooms 4
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 8

Administrator **Date Complete**
 Lawrence J. Parrish 2/6/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

David Raab, MD

Property Owner

9000 Waukegan LLC

Legal Owner(s)

James Bresch, MD
 Alexander Goldin, MD
 Armen Kelikian, MD
 Craig Williams, MD
 David Raab, MD
 David Tojo, MD
 Douglas Solway, DPM
 Garo Emerzian, DPM
 Gary Friend, DPM
 George Firlit, MD
 Henry Kurzydowski, MD
 Alan League, MD
 Ira Goodman, MD
 Wayne Goldstein, MD
 And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Lutheran General Hospital	7
Northshore University Health System - Highland Par	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	12.00
Certified Aides	2.50
Other Health Profs.	6.00
Other Non-Health Profs	4.00
TOTAL	26.50

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	52	51	103
15-44 years	517	372	889
45-64 years	757	957	1,714
65-74 years	270	419	689
75+ years	211	431	642
TOTAL	1,807	2,230	4,037

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	461	844	1,305
Other Public	166	52	218
Insurance	1,166	1,327	2,493
Private Pay	14	6	20
Charity Care	0	0	0
TOTAL	1,807	2,230	4,037

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.2%	0.0%	0.1%	89.3%	0.5%	100.0%		
988,387	1,218	6,677	8,681,084	43,834	9,721,200	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1936	2,334.00	518.00	2852.00	1.47
Otolaryngology	280	336.00	70.00	406.00	1.45
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	321	385.00	80.00	465.00	1.45
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2537	3,055.00	668.00	3723.00	1.47

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1500	500	250	750	0.50
TOTALS	1	1500	500	250	750	0.50

Reference Numbers Facility Id 7001043
Health Service Area 007 Planning Service Area 031
INGALLS SAME DAY SURGERY CENTER
6701 W. 159TH STREET
TINLEY PARK, IL 60477

Number of Operating Rooms 4
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 12
Number of Recovery Stations Stage 2 4

Administrator Margaret Vorrier, R.N.
Date Complete 2/22/2013

Type of Ownership
Limited Partnership (RA required)

Registered Agent

Dorothy Grzadzinski

Property Owner

Ingalls Health Venture

Legal Owner(s)

John Grady, DPM
Brian Farrell, MD
Charles Turk, DO
Daniel Weber, MD
David Dreyfuss, MD
Dev Sharma, MD
Edward Kasper, DDS
Frank Kniffen, MD, PHD, MBA
Herman Sloane, MD
Jack Gelman, MD
James Bray, MD
Bradley Wright, DDS
Jay Dutton, MD
Wilson Heaton, DDS
And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Ingalls Memorial Hospital, Harvey, IL	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	11.30
Certified Aides	0.00
Other Health Profs.	2.20
Other Non-Health Profs	6.20
TOTAL	20.70

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	43	34	77
15-44 years	312	382	694
45-64 years	502	593	1,095
65-74 years	298	340	638
75+ years	266	412	678
TOTAL	1,421	1,761	3,182

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	437	635	1,072
Other Public Insurance	0	0	0
Private Pay	959	951	1,910
Charity Care	24	175	199
TOTAL	1	0	1
TOTAL	1,421	1,761	3,182

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
36.2%	0.0%	0.0%	42.7%	21.1%	100.0%		
1,570,375	0	0	1,855,061	916,774	4,342,210	257	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	12	13.75	8.50	22.25	1.85
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	79	54.25	55.25	109.50	1.39
Ophthalmology	936	557.50	655.00	1212.50	1.30
Oral/Maxillofacial	57	56.00	40.00	96.00	1.68
Orthopedic	522	556.25	417.75	974.00	1.87
Otolaryngology	192	184.50	134.50	319.00	1.66
Pain Management	161	46.50	53.00	99.50	0.62
Plastic	196	353.50	91.50	445.00	2.27
Podiatry	277	331.25	129.25	460.50	1.66
Thoracic	0	0.00	0.00	0.00	0.00
Urology	750	653.75	250.00	903.75	1.21
TOTAL	3182	2,807.25	1,834.75	4642.00	1.46

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002744
Health Service Area 007 Planning Service Area 031
JUSTICE MED-SURG CENTER
9050 WEST 81ST STREET
JUSTICE, IL 60458

Number of Operating Rooms 2
Procedure Rooms 2
Exam Rooms 1
Number of Recovery Stations Stage 1 8
Number of Recovery Stations Stage 2 0

Administrator James Gianfrancisco, M.D.
Date Complete 1/30/2013

Type of Ownership
Corporation (RA required)

Registered Agent

Michael Collins

Property Owner

First Step Holdings

Legal Owner(s)

Vijay Gupta, MD
Steven French, DPM
Phil Guastella
James Gianfrancisco, MD
Harold Collins
George Sreckovic, MD
Cheng Lin, MD
Brian French, DPM

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Palos Community Hospital, Palos Heights	5
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	4.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	14.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	7.00
TOTAL	27.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	94	110	204
45-64 years	374	346	720
65-74 years	159	216	375
75+ years	112	117	229
TOTAL	739	789	1,528

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	237	298	535
Other Public Insurance	0	0	0
Private Pay	480	470	950
Charity Care	22	21	43
Charity Care	0	0	0
TOTAL	739	789	1,528

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.1%	0.0%	0.0%	88.4%	4.6%	100.0%		
254,753	0	0	3,189,942	165,483	3,610,178	1,800	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	13	3.50	6.50	10.00	0.77
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	278	23.25	25.00	48.25	0.17
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	219	425.00	103.50	528.50	2.41
Thoracic	0	0.00	0.00	0.00	0.00
Urology	23	7.50	10.00	17.50	0.76
TOTAL	533	459.25	145.00	604.25	1.13

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	995	668.75	477.5	1146.25	1.15
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	995	668.75	477.5	1146.25	1.15

Reference Numbers Facility Id 7002181
 Health Service Area 007 Planning Service Area 043
 LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK
 1 SO. 224 SUMMIT, SUITE 201
 OAKBROOK TERRACE, IL 60181

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 4
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 3

Administrator Michael Curran
Date Complete 2/28/2013

Type of Ownership
 Limited Partnership (RA required)

Registered Agent
 CT Corporation System

Property Owner
 Health Care Properties, Inc.

Legal Owner(s)
 Loyola Ambulatory Surgery Center at Oakbrook, LL

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Loyola University Medical Center, Maywood IL	5
Gottlieb Memorial Hospital, Maywood IL	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	8.25
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	3.00
TOTAL	17.25

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	161	54	215
15-44 years	297	345	642
45-64 years	332	507	839
65-74 years	106	164	270
75+ years	57	73	130
TOTAL	953	1,143	2,096

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	180	171	351
Medicare	132	239	371
Other Public	4	3	7
Insurance	585	690	1,275
Private Pay	52	40	92
Charity Care	0	0	0
TOTAL	953	1,143	2,096

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.5%	6.2%	0.4%	59.9%	23.0%	100.0%		
448,028	261,902	16,440	2,549,387	976,858	4,252,615	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	161	156.00	80.50	236.50	1.47
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	143	208.00	71.50	279.50	1.95
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	20	3.00	10.00	13.00	0.65
Ophthalmology	3	6.00	1.50	7.50	2.50
Oral/Maxillofacial	1	0.50	0.75	1.25	1.25
Orthopedic	1039	813.00	519.50	1332.50	1.28
Otolaryngology	41	80.00	41.00	121.00	2.95
Pain Management	365	105.00	182.50	287.50	0.79
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	318	315.00	159.00	474.00	1.49
Thoracic	0	0.00	0.00	0.00	0.00
Urology	5	2.00	2.50	4.50	0.90
TOTAL	2096	1,688.50	1,068.75	2757.25	1.32

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002017
 Health Service Area 007 Planning Service Area 031
 LOYOLA UNIVERSITY AMBULATORY SURGERY CENTER
 2160 S. FIRST AVENUE
 MAYWOOD, IL 60153-3304

Number of Operating Rooms 8
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 9
 Number of Recovery Stations Stage 2 23

Administrator Sandra Swanson
Date Complete 2/28/2013

Type of Ownership
 Other Not For Profit Ownership

Registered Agent

HOSPITAL TRANSFER RELATIONSHIPS

Property Owner

HOSPITAL NAME	NUMBER OF PATIENTS
Loyola Hospital, Maywood, Illinois	42
	0
	0
	0
	0

Legal Owner(s)

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	23.30
Certified Aides	3.00
Other Health Profs.	11.00
Other Non-Health Profs	5.00
TOTAL	43.30

DAYS AND HOURS OF OPERATION

Monday	14
Tuesday	14
Wednesday	14
Thursday	14
Friday	14
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	941	580	1,521
15-44 years	547	791	1,338
45-64 years	604	888	1,492
65-74 years	342	428	770
75+ years	290	339	629
TOTAL	2,724	3,026	5,750

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	655	601	1,256
Medicare	592	770	1,362
Other Public Insurance	12	7	19
Private Pay	1,393	1,560	2,953
Charity Care	21	20	41
Charity Care	51	68	119
TOTAL	2,724	3,026	5,750

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
16.3%	7.8%	14.5%	58.7%	2.7%	100.0%		
2,365,000	1,127,000	2,110,000	8,522,000	385,000	14,509,000	147,966	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	335	205.60	114.54	320.14	0.96
General Surgery	833	961.57	284.81	1246.38	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	6	8.63	1.54	10.17	1.70
OB/Gynecology	514	482.77	200.30	683.07	1.33
Ophthalmology	1099	1,259.30	523.66	1782.96	1.62
Oral/Maxillofacial	21	77.50	11.35	88.85	4.23
Orthopedic	584	891.40	256.22	1147.62	1.97
Otolaryngology	1160	1,501.20	446.95	1948.15	1.68
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	223	249.25	82.29	331.54	1.49
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	975	1,172.92	340.50	1513.42	1.55
TOTAL	5750	6,810.14	2,262.16	9072.30	1.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001076
Health Service Area 007 Planning Service Area 043
MIDWEST CENTER FOR DAY SURGERY
3811 HIGHLAND AVENUE
DOWNERS GROVE, IL 60515-9901

Number of Operating Rooms 5
Procedure Rooms 0
Exam Rooms 5
Number of Recovery Stations Stage 1 8
Number of Recovery Stations Stage 2 8

Administrator Ronald Ladniak
Date Complete 2/26/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Ronald Ladniak

Property Owner
Downers Grove Surgery Center

Legal Owner(s)

Glenn Gardner, M.D.
Kenneth Zygmunt, D.P.M.
Karenmarie Meyer, M.D.
Kanchan Patel, M.D.
Kamlesh Shah, M.D.
Jyoti Patel, M.D.
John Wander, M.D.
John V. Belmonte, Jr., M.D.
John Martucci, M.D.
John Josupait, M.D.
Jane Dillon, M.D.
James Rejowski, M.D.
Andrew Schubkegel, M.D.
Guy Mattana, D.P.M.
And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Good Samaritan, Downers Grove	7
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	7.80
Certified Aides	0.00
Other Health Profs.	1.80
Other Non-Health Profs	5.30
TOTAL	14.90

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	32	33	65
15-44 years	234	427	661
45-64 years	648	990	1,638
65-74 years	271	435	706
75+ years	193	330	523
TOTAL	1,378	2,215	3,593

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	372	626	998
Other Public	0	0	0
Insurance	991	1,479	2,470
Private Pay	15	110	125
Charity Care	0	0	0
TOTAL	1,378	2,215	3,593

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.3%	0.0%	0.0%	52.9%	23.8%	100.0%		
1,029,714	0	0	2,331,864	1,050,181	4,411,759	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	1.00	0.50	1.50	1.50
Dermatology	116	222.00	111.00	333.00	2.87
Gastroenterology	1052	358.00	179.00	537.00	0.51
General Surgery	23	30.00	15.00	45.00	1.96
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	9	6.00	3.00	9.00	1.00
OB/Gynecology	160	96.00	48.00	144.00	0.90
Ophthalmology	1395	462.00	231.00	693.00	0.50
Oral/Maxillofacial	161	93.00	46.50	139.50	0.87
Orthopedic	50	38.00	19.00	57.00	1.14
Otolaryngology	405	328.00	164.00	492.00	1.21
Pain Management	5	1.00	0.50	1.50	0.30
Plastic	104	208.00	104.00	312.00	3.00
Podiatry	86	106.00	53.00	159.00	1.85
Thoracic	2	2.00	1.00	3.00	1.50
Urology	24	15.00	7.50	22.50	0.94
TOTAL	3593	1,966.00	983.00	2949.00	0.82

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003127
Health Service Area 007 Planning Service Area 031
MIDWEST ENDOSCOPY CENTER
1243 RICKERT DRIVE
NAPERVILLE, IL 60540

Number of Operating Rooms 0
Procedure Rooms 2
Exam Rooms 4
Number of Recovery Stations Stage 1 5
Number of Recovery Stations Stage 2 2

Administrator Sandee Bernklau
Date Complete 2/28/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Marvin Kamensky

Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward hospital	9
	0
	0
	0
	0

Legal Owner(s)

Sushama Gundlapalli
Scott Berger
Ravi Nadimpalli
Dinesh Jain
Darren Kastin

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	6.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	11.00
Certified Aides	2.00
Other Health Profs.	3.00
Other Non-Health Profs	0.00
TOTAL	23.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	1	2
15-44 years	470	680	1,150
45-64 years	1,426	1,909	3,335
65-74 years	374	480	854
75+ years	96	133	229
TOTAL	2,367	3,203	5,570

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	2	0	2
Medicare	400	592	992
Other Public Insurance	5	5	10
Private Pay	1,959	2,605	4,564
Charity Care	1	1	2
	0	0	0
TOTAL	2,367	3,203	5,570

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.9%	0.0%	0.2%	88.9%	0.0%	100.0%		
736,686	0	10,412	6,009,087	1,950	6,758,135	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	5570	2785	2042	4827	0.87
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	5570	2785	2042	4827	0.87

Reference Numbers
 Facility Id 7001399
 Health Service Area 007 Planning Service Area 031
 MIDWEST EYE CENTER, S.C.
 1700 E. WEST ROAD
 CALUMET CITY, IL 60409

Number of Operating Rooms 2
 Procedure Rooms 1
 Exam Rooms 1
 Number of Recovery Stations Stage 1 1
 Number of Recovery Stations Stage 2 4

Administrator Afzal Ahmad MD
Date Complete 2/27/2013

Type of Ownership
 Corporation (RA required)

Registered Agent
 Alan Wischover

Property Owner
 Midwest PropertyEnterprise

Legal Owner(s)

Midwest Eye Center S.C.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Trinity Hospital Chicago	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	2.00
Other Health Profs.	3.00
Other Non-Health Profs	0.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	10
Wednesday	8
Thursday	10
Friday	4
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	2	9	11
15-44 years	36	35	71
45-64 years	218	222	440
65-74 years	167	242	409
75+ years	154	273	427
TOTAL	577	781	1,358

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	62	96	158
Medicare	314	459	773
Other Public	0	0	0
Insurance	186	220	406
Private Pay	13	6	19
Charity Care	2	0	2
TOTAL	577	781	1,358

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
30.4%	7.0%	0.0%	31.4%	31.2%	100.0%		
514,363	117,770	0	530,254	527,998	1,690,385	10,500	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	727	408.50	378.50	787.00	1.08
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	39	39.00	19.50	58.50	1.50
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	766	447.50	398.00	845.50	1.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	592	148	246.5	394.5	0.67
Pain Management	0	0	0	0	0	0.00
TOTALS	1	592	148	246.5	394.5	0.67

Reference Numbers Facility Id 7001787
Health Service Area 007 Planning Service Area 043
NAPERVILLE SURGICAL CENTRE
1263 RICKERT DRIVE
NAPERVILLE, IL 60540-0954

Number of Operating Rooms 4
Procedure Rooms 1
Exam Rooms 6
Number of Recovery Stations Stage 1 8
Number of Recovery Stations Stage 2 8

Administrator Ronald Ladniak
Date Complete 2/26/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Ronald Ladniak
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital, Naperville IL	2
Rush-Copley, Aurora IL	1
	0
	0
	0

Legal Owner(s)

Evangelical Services Corp.
Abbas, Sadiqa
Jurado, Asuncion
Josupait, John
Ibrahim, Kamal
Hayden, David
Grill, Stephen
Glock, Christopher
Ladniak, Ronald
Fakouri, Bejan
Lieber, Lawrence
DeBartolo, Daniel
Bull, John
Berg, Edward
And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	6.40
Certified Aides	0.00
Other Health Profs.	2.60
Other Non-Health Profs	4.05
TOTAL	13.05

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	73	53	126
15-44 years	289	229	518
45-64 years	296	465	761
65-74 years	187	251	438
75+ years	110	194	304
TOTAL	955	1,192	2,147

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	230	402	632
Other Public	5	3	8
Insurance	711	763	1,474
Private Pay	9	24	33
Charity Care	0	0	0
TOTAL	955	1,192	2,147

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
16.8%	0.0%	0.3%	81.5%	1.4%	100.0%		
520,318	0	9,758	2,527,672	44,409	3,102,157	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	16	14.00	7.00	21.00	1.31
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	7	12.00	6.00	18.00	2.57
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	49	26.00	13.00	39.00	0.80
OB/Gynecology	3	1.00	0.50	1.50	0.50
Ophthalmology	618	265.00	132.50	397.50	0.64
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	976	591.00	295.50	886.50	0.91
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	205	40.00	20.00	60.00	0.29
Plastic	28	44.00	22.00	66.00	2.36
Podiatry	205	205.00	102.50	307.50	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	40	32.00	16.00	48.00	1.20
TOTAL	2147	1,230.00	615.00	1845.00	0.86

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Reference Numbers Facility Id 7003130
Health Service Area 007 Planning Service Area 031
NORTH SHORE SURGICAL CENTER
3725 WEST TOUHY
LINCOLNWOOD, IL 60712

Number of Operating Rooms 3
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 3
Number of Recovery Stations Stage 2 9

Administrator Gary Rippberger
Date Complete 2/25/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
CT CORP SYSTEM
Property Owner
HENRY PROESEL

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST. FRANCIS -EVANSTON	1
	0
	0
	0
	0

Legal Owner(s)

MICHEAL CHIN, DPM
H. CLARK FEDERER, MD
HARSH GUPTA, MD
JAMES BOFFAA, MD
JOEL BRASCH, MD
JOHN VAINDER, MD
BALJINDER BATHLA, MD
MARK SCHACHT, MD
TJ HAN, DPM
RANDY EPSTEIN, MD
RICHARD WEISS, DPM
ROBERT STEIN, MD
TAMARA WYSE, MD
TAURIN JAIN, MD
And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	6.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	3.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	6	5	11
15-44 years	60	628	688
45-64 years	222	358	580
65-74 years	192	418	610
75+ years	291	390	681
TOTAL	771	1,799	2,570

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	17	17
Medicare	417	718	1,135
Other Public	0	2	2
Insurance	345	964	1,309
Private Pay	9	98	107
Charity Care	0	0	0
TOTAL	771	1,799	2,570

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
29.1%	0.3%	0.0%	68.4%	2.2%	100.0%		
1,217,719	12,708	1,061	2,864,030	93,763	4,189,281	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	130	43.25	54.00	97.25	0.75
General Surgery	40	47.00	16.50	63.50	1.59
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	520	159.25	216.50	375.75	0.72
Ophthalmology	1478	613.75	615.75	1229.50	0.83
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1	0.50	0.50	1.00	1.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	118	33.00	49.00	82.00	0.69
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	265	194.50	110.25	304.75	1.15
Thoracic	0	0.00	0.00	0.00	0.00
Urology	18	11.00	7.50	18.50	1.03
TOTAL	2570	1,102.25	1,070.00	2172.25	0.85

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001209
 Health Service Area 007 Planning Service Area 031
 NORTHWEST COMMUNITY DAY SURGERY CENTER
 675 W. KIRCHOFF ROAD
 ARLINGTON HEIGHTS, IL 60005-2392

Number of Operating Rooms 10
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 11
 Number of Recovery Stations Stage 2 10

Administrator **Date Complete**
 Roxanne Matias 2/22/2013

Type of Ownership
 Corporation (RA required)

Registered Agent
 Bruce Crowther

Property Owner
 N/A

Legal Owner(s)

Northwest Community Healthcare

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
	26
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	34.20
Certified Aides	3.00
Other Health Profs.	8.00
Other Non-Health Profs	9.50
TOTAL	55.70

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	173	125	298
15-44 years	704	1,304	2,008
45-64 years	1,004	1,673	2,677
65-74 years	544	827	1,371
75+ years	522	730	1,252
TOTAL	2,947	4,659	7,606

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	67	209	276
Medicare	999	1,505	2,504
Other Public	2	9	11
Insurance	1,841	2,885	4,726
Private Pay	6	8	14
Charity Care	32	43	75
TOTAL	2,947	4,659	7,606

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
19.5%	1.5%	0.2%	76.4%	2.3%	100.0%		
2,814,245	220,365	31,146	11,021,909	334,488	14,422,153	111,294	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	1293	1,253.00	400.00	1653.00	1.28
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1395	994.00	401.00	1395.00	1.00
Ophthalmology	1752	930.00	348.00	1278.00	0.73
Oral/Maxillofacial	12	18.00	5.00	23.00	1.92
Orthopedic	2192	2,989.00	1,341.00	4330.00	1.98
Otolaryngology	481	559.00	168.00	727.00	1.51
Pain Management	152	93.00	48.00	141.00	0.93
Plastic	49	90.00	19.00	109.00	2.22
Podiatry	251	326.00	100.00	426.00	1.70
Thoracic	0	0.00	0.00	0.00	0.00
Urology	29	29.00	9.00	38.00	1.31
TOTAL	7606	7,281.00	2,839.00	10120.00	1.33

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7000920
 Health Service Area 007 Planning Service Area 031
 NORTHWEST SURGICARE
 1100 W. CENTRAL ROAD Suite L-4
 ARLINGTON HEIGHTS, IL 60005-2493

Number of Operating Rooms 5
 Procedure Rooms 2
 Exam Rooms 0
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 0

Administrator Patricia L Jepsen
Date Complete 2/28/2013

Type of Ownership
 Limited Partnership (RA required)

Registered Agent
 CT Corporation System
Property Owner
 MedProperties

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Hospital, Arlington Heights, IL	5
	0
	0
	0
	0

Legal Owner(s)

Neal, M Bryan
 Ansari, Naveed
 Curnyn, Kimberlee
 Donahue, Brian
 Flood, James
 Garcia-Valenzuela, Enrique
 Guthman, David
 Hill, James
 Kachar, Sergey
 Kim, James
 Alter, Daniel
 Miller, Christopher
 Wyhinny, George
 Nelson, Gregory
 And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	7.60
Certified Aides	6.60
Other Health Profs.	0.00
Other Non-Health Profs	8.50
TOTAL	24.70

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	16	25	41
15-44 years	197	323	520
45-64 years	394	455	849
65-74 years	373	512	885
75+ years	417	717	1,134
TOTAL	1,397	2,032	3,429

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	716	1,169	1,885
Other Public	0	0	0
Insurance	599	730	1,329
Private Pay	69	115	184
Charity Care	13	18	31
TOTAL	1,397	2,032	3,429

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
63.4%	0.0%	0.0%	34.2%	2.4%	100.0%		
8,021,679	0	0	4,331,298	298,894	12,651,871	36,493	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	4	5.50	0.50	6.00	1.50
Dermatology	106	90.00	53.00	143.00	1.35
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	213	53.00	16.00	69.00	0.32
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	141	36.00	21.00	57.00	0.40
Ophthalmology	2350	587.00	188.00	775.00	0.33
Oral/Maxillofacial	14	6.50	0.50	7.00	0.50
Orthopedic	197	98.00	24.00	122.00	0.62
Otolaryngology	12	12.00	8.00	20.00	1.67
Pain Management	259	64.00	8.00	72.00	0.28
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3296	952.00	319.00	1271.00	0.39

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	14	5.5	0.5	6	0.43
Laser Eye	1	119	20	0.5	20.5	0.17
Pain Management	0	0	0	0	0	0.00
TOTALS	2	133	25.5	1	26.5	0.20

Reference Numbers Facility Id 7002843
 Health Service Area 007 Planning Service Area 031
 NOVAMED CENTER FOR RECONSTRUCTIVE SURGERY
 6309 WEST 95TH STREET
 OAK LAWN, IL 60453

Number of Operating Rooms 4
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 14
 Number of Recovery Stations Stage 2 0

Administrator Jo Ann Depergola R.N.
Date Complete 2/19/2013

Type of Ownership
 Limited Liability Partnership (RA required)

Registered Agent

John Lawrence

Property Owner

JDS Management Service

Legal Owner(s)

NovaMed Aquisition

Dr. P. Morreale

Dr. M. Kudalkar

Dr. M. Al-Khudari

Dr. L. Sydrys

Dr. D. Elser

CFRA Limited

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Little Company of Mary Hospital Evergreen Park	0
Palos Hospital Palos Heights	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	7.00
Certified Aides	0.00
Other Health Profs.	6.00
Other Non-Health Profs	1.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	4
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	4	8
15-44 years	238	121	359
45-64 years	415	466	881
65-74 years	290	483	773
75+ years	351	515	866
TOTAL	1,298	1,589	2,887

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	33	40	73
Medicare	753	1,101	1,854
Other Public	0	0	0
Insurance	475	420	895
Private Pay	37	28	65
Charity Care	0	0	0
TOTAL	1,298	1,589	2,887

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
35.4%	1.2%	0.0%	59.5%	3.9%	100.0%		
1,514,382	50,627	0	2,545,999	164,990	4,275,998	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1663	415.75	277.50	693.25	0.42
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	599	499.25	319.50	818.75	1.37
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	588	188.25	90.00	278.25	0.47
Plastic	19	28.50	9.50	38.00	2.00
Podiatry	18	27.00	12.00	39.00	2.17
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2887	1,158.75	708.50	1867.25	0.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002561
 Health Service Area 007 Planning Service Area 031
 NOVAMED SURGERY CENTER OF RIVER FOREST, LLC
 7427 WEST LAKE STREET
 RIVER FOREST, IL 60305-1817

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 2
 Number of Recovery Stations Stage 1 2
 Number of Recovery Stations Stage 2 2

Administrator Kelly Spillane, R.N.
Date Complete 2/7/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

John Lawrence

Property Owner

HSK Partnership

Legal Owner(s)

Walter I. Fried, MD
 Surgery Partners, LLC
 Scott H. Kirk, MD
 Kent A. Kirk, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
West Suburban Hospital, Oak Park, IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	1.00
TOTAL	5.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	10
Thursday	10
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	27	40	67
45-64 years	139	167	306
65-74 years	190	276	466
75+ years	253	396	649
TOTAL	609	879	1,488

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	14	12	26
Medicare	360	605	965
Other Public	3	0	3
Insurance	176	198	374
Private Pay	46	53	99
Charity Care	10	11	21
TOTAL	609	879	1,488

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
68.5%	2.0%	0.2%	22.8%	6.5%	100.0%		
1,315,636	38,513	4,242	437,073	125,581	1,921,045	72,164	4%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	139	69.50	34.00	103.50	0.74
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1319	435.00	330.00	765.00	0.58
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	30	50.00	7.00	57.00	1.90
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1488	554.50	371.00	925.50	0.62

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001548
Health Service Area 007 Planning Service Area 043
OAK BROOK SURGICAL CENTRE, THE
2425 W. 22ND STREET, STE. 101
OAKBROOK, IL 60523

Number of Operating Rooms 4
Procedure Rooms 0
Exam Rooms 1
Number of Recovery Stations Stage 1 8
Number of Recovery Stations Stage 2 8

Administrator Ali Nili
Date Complete 2/22/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent

Paul A. Gilman

Property Owner

Legal Owner(s)

Kianoosh Jafari, M.D.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Good Samaritan Hospital, Downers Grove	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	0.00
Director of Nurses	0.33
Registered Nurses	13.00
Certified Aides	5.00
Other Health Profs.	5.00
Other Non-Health Profs	9.00
TOTAL	35.33

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	7
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	7	8
15-44 years	356	955	1,311
45-64 years	426	934	1,360
65-74 years	109	230	339
75+ years	69	134	203
TOTAL	961	2,260	3,221

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	3	4
Medicare	149	381	530
Other Public	0	0	0
Insurance	708	1,579	2,287
Private Pay	103	297	400
Charity Care	0	0	0
TOTAL	961	2,260	3,221

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.7%	0.3%	0.0%	88.4%	8.7%	100.0%		
381,296	40,129	0	12,601,035	1,233,875	14,256,336	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	5	3.00	2.25	5.25	1.05
General Surgery	89	229.00	26.00	255.00	2.87
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	572	684.50	336.00	1020.50	1.78
Ophthalmology	54	50.75	12.75	63.50	1.18
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	218	253.25	63.25	316.50	1.45
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1043	246.75	265.25	512.00	0.49
Plastic	218	381.50	109.00	490.50	2.25
Podiatry	967	1,139.25	283.75	1423.00	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	55	79.75	13.00	92.75	1.69
TOTAL	3221	3,067.75	1,111.25	4179.00	1.30

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002603
Health Service Area 007 Planning Service Area 031
OAK LAWN ENDOSCOPY
9921 SOUTHWEST HIGHWAY
OAK LAWN, IL 60453-3767

Number of Operating Rooms 0
Procedure Rooms 2
Exam Rooms 0
Number of Recovery Stations Stage 1 6
Number of Recovery Stations Stage 2 2

Administrator Wayne Lue, M.D.
Date Complete 2/11/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent

Steven Harris

Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ADVOCATE CHRIST MEDICAL CENTER	3
	0
	0
	0
	0

Legal Owner(s)

WAYNE LUE
VINCENT MUSCARELLO
THOMAS ARNDT
SAMIR PATEL
MAHIR MAJMUNDAR
KAMRAN AYUB
JEFFREY PORT
DOUGLAS LEE
CHARLES BERKELHAMMER
BRIAN BLUMENSTEIN

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	6.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	3.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	10
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	1	1	2
15-44 years	338	469	807
45-64 years	1,198	1,840	3,038
65-74 years	416	602	1,018
75+ years	182	240	422
TOTAL	2,135	3,152	5,287

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	6	7
Medicare	473	723	1,196
Other Public	0	0	0
Insurance	1,613	2,383	3,996
Private Pay	47	36	83
Charity Care	1	4	5
TOTAL	2,135	3,152	5,287

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
12.4%	0.0%	0.0%	79.0%	8.5%	100.0%		
478,503	1,702	0	3,038,755	326,801	3,845,761	1,500	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	5287	3084	1762.5	4846.5	0.92
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	5287	3084	1762.5	4846.5	0.92

Reference Numbers Facility Id 7002553
Health Service Area 007 Planning Service Area 031
ORLAND PARK SURGICAL CENTER, LLC
9550 WEST 167TH STREET
ORLAND PARK, IL 60467

Number of Operating Rooms 5
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 0
Number of Recovery Stations Stage 2 0

Administrator Erika Horstmann
Date Complete 2/25/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
STEVE WARDELL

Property Owner
ADVOCATE MEDICAL GROUP

Legal Owner(s)

SCOTT GLASER
PHILLIP KOOIKER
PARKVIEW ORTHOPEDIC
NEERAJ JAIN
JERRY CHOW
HENRY FUENTES
ELIGIUS LEIS
BRIAN FARRELL

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
SILVER CROSS HOSPITAL NEW LENOX, ILLINOIS	0
PROVENA SAINT JOESPH JOLIET, ILLINOIS	1
PALOS COMMUNITY HOSPITAL PALOS HTS, ILLINOIS	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.40
Certified Aides	0.00
Other Health Profs.	2.80
Other Non-Health Profs	3.00
TOTAL	11.20

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	13	9	22
15-44 years	182	198	380
45-64 years	460	567	1,027
65-74 years	170	284	454
75+ years	132	250	382
TOTAL	957	1,308	2,265

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	6	9	15
Medicare	335	593	928
Other Public	2	2	4
Insurance	610	701	1,311
Private Pay	4	3	7
Charity Care	0	0	0
TOTAL	957	1,308	2,265

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
8.3%	0.2%	0.0%	87.1%	4.3%	100.0%		
617,903	17,791	974	6,451,585	315,847	7,404,099	0	0%

FACILITY NOTES

12-028 7/23/2012
Received permit for change of ownership.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	333	140.00	166.50	306.50	0.92
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	473	103.25	187.50	290.75	0.61
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	550	320.00	269.00	589.00	1.07
Otolaryngology	17	5.75	8.50	14.25	0.84
Pain Management	823	109.75	262.50	372.25	0.45
Plastic	52	17.75	26.00	43.75	0.84
Podiatry	7	4.25	3.50	7.75	1.11
Thoracic	0	0.00	0.00	0.00	0.00
Urology	10	4.50	5.00	9.50	0.95
TOTAL	2265	705.25	928.50	1633.75	0.72

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers
 Facility Id 7002470
 Health Service Area 007 Planning Service Area 031
 PALOS SURGICENTER, LLC
 7340 W. COLLEGE DRIVE
 PALOS HEIGHTS, IL 60463

Number of Operating Rooms 3
 Procedure Rooms 2
 Exam Rooms 0
 Number of Recovery Stations Stage 1 5
 Number of Recovery Stations Stage 2 16

Administrator Thomas Holecek
Date Complete 2/15/2013

Type of Ownership
 Corporation (RA required)

Registered Agent
 The St. george Corp
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Palos Community Hospital	4
	0
	0
	0
	0

Legal Owner(s)

St. George Corp
 Scott Glaser, M.D.
 Renata Variakojis, M.D.
 Regent Surgical Healthcare
 Regent Investment Management
 PSC, LLC
 Parkview Muscukoskelton
 ORMED
 Metalmark Group Two,LLC
 Kevin Dolehide
 Duane Brann, DPM
 Babu Ponakala, M.D.

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	10.00
Certified Aides	1.00
Other Health Profs.	7.00
Other Non-Health Profs	8.25
TOTAL	28.25

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	4	8
15-44 years	288	257	545
45-64 years	690	824	1,514
65-74 years	391	690	1,081
75+ years	406	737	1,143
TOTAL	1,779	2,512	4,291

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	773	1,403	2,176
Other Public	0	0	0
Insurance	999	1,106	2,105
Private Pay	7	3	10
Charity Care	0	0	0
TOTAL	1,779	2,512	4,291

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
28.0%	0.0%	0.0%	71.4%	0.6%	100.0%		
1,545,125	0	0	3,937,272	34,749	5,517,146	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	37	2.00	66.00	68.00	1.84
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1074	344.75	268.00	612.75	0.57
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	414	276.00	241.00	517.00	1.25
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1337	182.00	178.00	360.00	0.27
Plastic	167	111.00	38.00	149.00	0.89
Podiatry	58	55.00	16.00	71.00	1.22
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3087	970.75	807.00	1777.75	0.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	1204	336	200	536	0.45
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1204	336	200	536	0.45

Reference Numbers Facility Id 7003080
 Health Service Area 007 Planning Service Area 031
 RAVINE WAY SURGERY CENTER, LLC
 2350 RAVINE WAY, Suite 500
 GLENVIEW, IL 60025

Number of Operating Rooms 3
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 8

Administrator Melody Winter-Jabeck
Date Complete 2/15/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 CT Corporation Syttem

Property Owner
 Glenview Ravine Way, LLC

Legal Owner(s)
 Ravine Way Partners, LLC
 NorthShore University HealthSystem

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
NorthShore University HealthSystems, Glenview	10
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	10.30
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	5.90
TOTAL	23.20

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	2	0	2
15-44 years	211	164	375
45-64 years	666	785	1,451
65-74 years	11	20	31
75+ years	4	9	13
TOTAL	894	978	1,872

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	110	200	310
Other Public	2	3	5
Insurance	778	774	1,552
Private Pay	4	1	5
Charity Care	0	0	0
TOTAL	894	978	1,872

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.8%	0.0%	0.1%	94.9%	0.2%	100.0%		
363,997	0	8,294	7,212,151	15,861	7,600,302	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1872	2,377.00	449.00	2826.00	1.51
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1872	2,377.00	449.00	2826.00	1.51

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Reference Numbers Facility Id 7001803
Health Service Area 007 Planning Service Area 031
REGENERATIVE SURGICAL CENTER
1455 GOLF ROAD
DES PLAINES, IL 60016-1253

Number of Operating Rooms 3
Procedure Rooms 0
Exam Rooms 1
Number of Recovery Stations Stage 1 5
Number of Recovery Stations Stage 2 3

Administrator **Date Complete**
Lowell Scott Weil Sr 3/8/2013

Type of Ownership
Limited Liability Partnership (RA required)

Registered Agent
Lowell Scott Weil Sr
Property Owner
Kerry Levine

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community, Arlington Hts, IL	0
	0
	0
	0
	0

Legal Owner(s)

Wendy Benton-Weil DPM
Lowell Scott Weil Sr DPM
Lowell Scott Weil Jr DPM
Gregory Amarantos DPM

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.00
Certified Aides	1.00
Other Health Profs.	4.00
Other Non-Health Profs	2.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	7	9	16
15-44 years	84	192	276
45-64 years	128	443	571
65-74 years	64	151	215
75+ years	26	51	77
TOTAL	309	846	1,155

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	2	9	11
Medicare	81	178	259
Other Public	0	0	0
Insurance	225	655	880
Private Pay	1	4	5
Charity Care	0	0	0
TOTAL	309	846	1,155

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
16.0%	0.3%	0.0%	71.3%	12.4%	100.0%		
396,015	8,400	0	1,767,746	307,978	2,480,138	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	95	82.25	38.75	121.00	1.27
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	96	12.25	39.50	51.75	0.54
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	964	553.50	404.50	958.00	0.99
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1155	648.00	482.75	1130.75	0.98

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003159
 Health Service Area 007 Planning Service Area 031
 SOUTHWESTERN MEDICAL CENTER, LLC
 7456 SOUTH STATE ROAD, STE 300
 BEDFORD PARK, IL 60638

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 21
 Number of Recovery Stations Stage 2 0

Administrator Karolynn Kuecker, RN, MS
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Horwood, Marcus and Berk, Cht

Property Owner
 Bedford Medical, LLC

Legal Owner(s)

SW Equity Holdings, Inc
 Richard Foulkes, MD
 Raj Goyal, MD
 Neerja Jain, MD
 John Sonnenberg, MD
 John McClellan, MD
 Jay Kiokemeister, DO
 George Dangles, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Little Company of Mary Hospital, Evergreen Park, I	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.80
Certified Aides	2.50
Other Health Profs.	3.30
Other Non-Health Profs	3.60
TOTAL	16.20

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	0	4
15-44 years	102	198	300
45-64 years	255	379	634
65-74 years	267	430	697
75+ years	327	649	976
TOTAL	955	1,656	2,611

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	13	26	39
Medicare	524	945	1,469
Other Public	0	0	0
Insurance	399	652	1,051
Private Pay	19	32	51
Charity Care	0	1	1
TOTAL	955	1,656	2,611

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
28.9%	0.3%	0.0%	69.4%	1.4%	100.0%		
1,107,572	11,598	0	2,654,932	53,574	3,827,676	2,454	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	107	48.25	53.50	101.75	0.95
General Surgery	9	20.25	9.00	29.25	3.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	3	6.00	3.00	9.00	3.00
OB/Gynecology	112	50.50	56.00	106.50	0.95
Ophthalmology	1825	912.50	365.00	1277.50	0.70
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	98	73.50	98.00	171.50	1.75
Otolaryngology	2	11.00	1.00	12.00	6.00
Pain Management	402	201.00	80.00	281.00	0.70
Plastic	5	7.50	2.50	10.00	2.00
Podiatry	47	47.00	23.50	70.50	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1	0.50	0.50	1.00	1.00
TOTAL	2611	1,378.00	692.00	2070.00	0.79

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001860
Health Service Area 007 Planning Service Area 043
THE CENTER FOR SURGERY
475 E. DIEHL ROAD
NAPERVILLE, IL 60563-1253

Number of Operating Rooms 8
Procedure Rooms 4
Exam Rooms 14
Number of Recovery Stations Stage 1 2
Number of Recovery Stations Stage 2 13

Administrator **Date Complete**
Anthony J. Fato 2/28/2013

Type of Ownership
Limited Partnership (RA required)

Registered Agent
Raymond Dieter, Jr., M.D.

Property Owner

Legal Owner(s)

Edward Hospital
DuPage Doctors, L.P.
Cadence

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Central DuPage Hospital	1
Edward Hospital	4
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	26.00
Certified Aides	0.00
Other Health Profs.	15.00
Other Non-Health Profs	14.00
TOTAL	57.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	178	295	473
15-44 years	701	867	1,568
45-64 years	881	986	1,867
65-74 years	510	812	1,322
75+ years	227	422	649
TOTAL	2,497	3,382	5,879

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	31	52	83
Medicare	640	1,121	1,761
Other Public Insurance	98	110	208
Private Pay	1,534	1,907	3,441
Charity Care	170	161	331
	24	31	55
TOTAL	2,497	3,382	5,879

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.1%	0.2%	1.0%	88.8%	3.0%	100.0%		
770,000	20,000	105,000	9,651,002	322,000	10,868,002	35,000	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	447	375.00	68.25	443.25	0.99
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	276	189.00	44.25	233.25	0.85
Ophthalmology	1444	701.50	321.00	1022.50	0.71
Oral/Maxillofacial	22	14.25	4.00	18.25	0.83
Orthopedic	396	350.50	60.50	411.00	1.04
Otolaryngology	709	556.75	103.50	660.25	0.93
Pain Management	1083	665.00	179.25	844.25	0.78
Plastic	87	82.00	16.00	98.00	1.13
Podiatry	305	269.75	59.00	328.75	1.08
Thoracic	0	0.00	0.00	0.00	0.00
Urology	25	19.50	4.75	24.25	0.97
TOTAL	4794	3,223.25	860.50	4083.75	0.85

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	1045	600.25	150.25	750.5	0.72
Laser Eye	1	40	28.75	8.25	37	0.93
Pain Management	0	0	0	0	0	0.00
TOTALS	4	1085	629	158.5	787.5	0.73

Reference Numbers Facility Id 7002892
Health Service Area 007 Planning Service Area 031
THE GLEN ENDOSCOPY CENTER
2551 COMPASS ROAD, SUITE 115
GLENVIEW, IL 60026

Number of Operating Rooms 0
Procedure Rooms 3
Exam Rooms 0
Number of Recovery Stations Stage 1 0
Number of Recovery Stations Stage 2 0

Administrator Beth Mara
Date Complete 2/28/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
National Registered Agents Inc

Property Owner
Aug Five LP

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Glenbrook Hospital Glenview, IL	5
	0
	0
	0
	0

Legal Owner(s)

Dr. Ronald Bloom
Dr. Nina Merel
Dr. Leela Prasad
Dr. Kenneth Chi
Dr. Karen Sable
Dr. John Vainder
Dr. Jeffrey Jacobs
Dr. Jan Faibisoff
Dr. Douglas Adler
Dr. Alan Shapiro
AmSurg

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	204	251	455
45-64 years	1,070	1,224	2,294
65-74 years	436	533	969
75+ years	205	265	470
TOTAL	1,915	2,273	4,188

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	5	21	26
Medicare	537	708	1,245
Other Public	0	0	0
Insurance	1,360	1,527	2,887
Private Pay	13	17	30
Charity Care	0	0	0
TOTAL	1,915	2,273	4,188

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
31.2%	0.6%	0.2%	67.6%	0.3%	100.0%		
4,597,929	94,833	26,147	9,957,763	48,294	14,724,966	0	0%

FACILITY NOTES

E-005-12 10/30/2012
Received permit for change of ownership.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	4188	2861	0	2861	0.68
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	4188	2861	0	2861	0.68

Reference Numbers Facility Id 7002652
 Health Service Area 007 Planning Service Area 031
 TINLEY WOODS SURGERY CENTER
 18200 S. LAGRANGE ROAD
 TINLEY PARK, IL 60477

Number of Operating Rooms 4
 Procedure Rooms 1
 Exam Rooms 6
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 8

Administrator Ronald Ladniak
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Midwest Surgical Management

Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Christ Hospital, Oak Lawn	4
Ingalls Memorial Hospital, Harvey	1
	0
	0
	0

Legal Owner(s)

Eric W. Johnston
 Advanced Pain and Anesthesia Consultants
 Luis E. Ugarte
 Leah R. Urbanosky
 Lawrence Boysen
 Ken Finkelstein
 Joseph P. Gavron
 John N. Defranco
 Jae H. Kim
 Hite/Hass Family Partnership, LP
 Michael A. Devito
 Evangelical Services Corporation
 Michael Durkin
 Emil Zager
 And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	12.30
Certified Aides	0.00
Other Health Profs.	5.20
Other Non-Health Profs	5.15
TOTAL	22.65

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	249	208	457
15-44 years	417	675	1,092
45-64 years	594	866	1,460
65-74 years	269	437	706
75+ years	185	358	543
TOTAL	1,714	2,544	4,258

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	374	635	1,009
Other Public	3	5	8
Insurance	1,320	1,830	3,150
Private Pay	17	74	91
Charity Care	0	0	0
TOTAL	1,714	2,544	4,258

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.6%	0.0%	1.8%	86.5%	2.2%	100.0%		
616,864	0	115,966	5,566,112	139,311	6,438,253	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	10	6.00	3.00	9.00	0.90
Dermatology	157	236.00	118.00	354.00	2.25
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	205	148.00	74.00	222.00	1.08
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	354	202.00	101.00	303.00	0.86
OB/Gynecology	294	197.00	98.50	295.50	1.01
Ophthalmology	1017	554.00	277.00	831.00	0.82
Oral/Maxillofacial	256	268.00	134.00	402.00	1.57
Orthopedic	712	694.00	347.00	1041.00	1.46
Otolaryngology	307	128.00	64.00	192.00	0.63
Pain Management	59	10.00	5.00	15.00	0.25
Plastic	67	103.00	51.50	154.50	2.31
Podiatry	150	168.00	84.00	252.00	1.68
Thoracic	3	2.00	1.00	3.00	1.00
Urology	28	16.00	8.00	24.00	0.86
TOTAL	3619	2,732.00	1,366.00	4098.00	1.13

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	639	381	190.5	571.5	0.89
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	639	381	190.5	571.5	0.89

Reference Numbers Facility Id 7003158
 Health Service Area 007 Planning Service Area 031
 UNITED UROLOGY CENTERS, LLC
 120 NORTH LA GRANGE ROAD
 LA GRANGE, IL 60525

Number of Operating Rooms 1
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 2
 Number of Recovery Stations Stage 2 2

Administrator F. Bruce Cohen
Date Complete 2/15/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 F Bruce Cohen

Property Owner
 Kidney Stone Real Estate

Legal Owner(s)

Urological Stone Surgeons
 Mark Rubentein
 Donald Norris
 Central Iowa Lithotripsy

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
LaGrange Memorial Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	3.00
Certified Aides	2.00
Other Health Profs.	2.00
Other Non-Health Profs	2.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	159	167	326
45-64 years	369	243	612
65-74 years	188	85	273
75+ years	98	39	137
TOTAL	814	535	1,349

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	32	67	99
Medicare	270	122	392
Other Public	0	1	1
Insurance	495	335	830
Private Pay	11	5	16
Charity Care	6	5	11
TOTAL	814	535	1,349

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
19.3%	0.9%	0.6%	74.0%	5.2%	100.0%		
936,152	42,475	28,917	3,590,474	251,831	4,849,848	109,374	2%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1349	2,023.50	674.50	2698.00	2.00
TOTAL	1349	2,023.50	674.50	2698.00	2.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002587
Health Service Area 007 Planning Service Area 043
WESTMONT SURGERY CENTER
530 NORTH CASS AVENUE
WESTMONT, IL 60559-9952

Number of Operating Rooms 4
Procedure Rooms 0
Exam Rooms 6
Number of Recovery Stations Stage 1 8
Number of Recovery Stations Stage 2 8

Administrator Ronald Ladniak
Date Complete 2/27/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Midwest Surgical Management

Property Owner
GM Property

Legal Owner(s)

David J. Tulipan
Andrew Kim
Leah Urbanosky
Lawrence Lieber
Kenneth L. Schiffman
Kamal Ibrahim
Matthew J. Bueche
Giridhar Burra
Michael Durkin
Dalip Pelinkovic
Dale J. Buranosky
Brian Murphy
Brian Lindell
Bradley Dworsky
And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Good Samaritan Hospital, Downers Grove	4
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	11.90
Certified Aides	1.00
Other Health Profs.	3.60
Other Non-Health Profs	4.80
TOTAL	21.30

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	48	43	91
15-44 years	583	429	1,012
45-64 years	829	871	1,700
65-74 years	243	336	579
75+ years	117	277	394
TOTAL	1,820	1,956	3,776

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	310	579	889
Other Public	1	1	2
Insurance	1,503	1,370	2,873
Private Pay	6	6	12
Charity Care	0	0	0
TOTAL	1,820	1,956	3,776

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.7%	0.0%	0.0%	89.1%	0.3%	100.0%		
619,537	0	1,414	5,177,087	14,725	5,812,763	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	47	25.00	12.50	37.50	0.80
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	10	4.00	2.00	6.00	0.60
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1411	418.00	209.00	627.00	0.44
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1893	1,613.00	806.50	2419.50	1.28
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	229	41.00	20.50	61.50	0.27
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	186	158.00	79.00	237.00	1.27
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3776	2,259.00	1,129.50	3388.50	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002579
 Health Service Area 008 Planning Service Area 097
 ALGONQUIN ROAD SURGERY CENTER, LLC
 2550 WEST ALGONQUIN ROAD
 LAKE IN THE HILLS, IL 60156

Number of Operating Rooms 3
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 6

Administrator **Date Complete**
 Lori Callahan 2/28/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

Lori Callahan

Property Owner

ARSC Real Estate Holdings. LLC

Legal Owner(s)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Sherman Hospital, Elgin	3
Northern Illinois Medical Center - Hospital, McHen	0
Memorial Hospital, Woodstock	0
St. Joseph Hospital, Elgin	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	7.10
Certified Aides	0.00
Other Health Profs.	2.80
Other Non-Health Profs	4.80
TOTAL	15.70

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	91	102	193
15-44 years	377	416	793
45-64 years	496	590	1,086
65-74 years	179	222	401
75+ years	89	102	191
TOTAL	1,232	1,432	2,664

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	10	14	24
Medicare	225	278	503
Other Public	0	0	0
Insurance	970	1,132	2,102
Private Pay	27	8	35
Charity Care	0	0	0
TOTAL	1,232	1,432	2,664

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
8.6%	0.0%	0.0%	90.2%	1.2%	100.0%		
408,282	0	0	4,264,814	55,726	4,728,822	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	109	50.20	27.20	77.40	0.71
Ophthalmology	8	8.40	2.00	10.40	1.30
Oral/Maxillofacial	10	8.90	2.60	11.50	1.15
Orthopedic	1060	829.60	265.00	1094.60	1.03
Otolaryngology	326	165.00	81.60	246.60	0.76
Pain Management	286	19.30	71.60	90.90	0.32
Plastic	30	46.50	7.60	54.10	1.80
Podiatry	199	134.80	49.80	184.60	0.93
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2028	1,262.70	507.40	1770.10	0.87

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	636	159	148.4	307.4	0.48
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	636	159	148.4	307.4	0.48

Reference Numbers Facility Id 7003167
 Health Service Area 008 Planning Service Area 097
 BARRINGTON PAIN AND SPINE INSTITUTE
 600 Hart Road Ste 300
 Barrington, IL 60010

Number of Operating Rooms 2
 Procedure Rooms 1
 Exam Rooms 7
 Number of Recovery Stations Stage 1 5
 Number of Recovery Stations Stage 2 0

Administrator Anna Kosmen
Date Complete 3/1/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 DAVID HOCHMAN

Property Owner
 HAMILTON PARTNERS

Legal Owner(s)

TERRI DALLAS-PRUNSKIS, MD
 SHINGO YANO, MD
 JOHN PRUNSKIS, MD
 ANDREW YU, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Good Shepherd	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	5.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	2.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	9
Wednesday	10
Thursday	10
Friday	9
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	139	224	363
45-64 years	277	372	649
65-74 years	13	11	24
75+ years	0	0	0
TOTAL	429	607	1,036

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	429	607	1,036
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	429	607	1,036

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		
0	0	0	96,103	0	96,103		0 0%

FACILITY NOTES

Name Change 11/7/2012
 Formerly Hart Road Pain and Spine Institute.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	312	109.50	52.00	161.50	0.52
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	312	109.50	52.00	161.50	0.52

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	724	250.5	121	371.5	0.51
TOTALS	1	724	250.5	121	371.5	0.51

Reference Numbers
 Facility Id 7002611
 Health Service Area 008 Planning Service Area 089
 CASTLE SURGICENTER, LLC
 2111 OGDEN AVENUE
 AURORA, IL 60504-7597

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 3
 Number of Recovery Stations Stage 2 7

Administrator
 Donna L. Wilson
Date Complete
 2/26/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Suresh Velagapudi
Property Owner
 TPSS, LLC

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Rush Copley Medical Center	0
Provena Mercy Medical Center	0
	0
	0
	0

Legal Owner(s)

Thomas J. McGivney, M.D.
 Suresh Velagapudi, M.D.
 Steven A. Marciniak, M.D.
 Scott M. O'Connor, M.D.
 Mark F. Schinsky, M.D.
 John T. Pinnello, M.D.
 Arif Saleem, M.D.

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	1.50
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	13	7	20
15-44 years	272	194	466
45-64 years	258	265	523
65-74 years	82	114	196
75+ years	86	197	283
TOTAL	711	777	1,488

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	2	1	3
Medicare	176	318	494
Other Public	0	0	0
Insurance	531	457	988
Private Pay	2	0	2
Charity Care	0	1	1
TOTAL	711	777	1,488

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.5%	0.0%	0.0%	91.8%	0.7%	100.0%		
234,356	997	0	2,867,623	21,184	3,124,160	1,865	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	733	665.00	375.00	1040.00	1.42
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	682	319.00	206.00	525.00	0.77
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	73	56.00	34.00	90.00	1.23
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1488	1,040.00	615.00	1655.00	1.11

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001779
 Health Service Area 008 Planning Service Area 089
 DREYER AMBULATORY SURGERY CENTER
 1221 N. HIGHLAND AVENUE
 AURORA, IL 60506

Number of Operating Rooms 4
 Procedure Rooms 6
 Exam Rooms 0
 Number of Recovery Stations Stage 1 5
 Number of Recovery Stations Stage 2 27

Administrator Donna Cooper
Date Complete 2/27/2013

Type of Ownership
 Partnership (registered with county)

Registered Agent

Property Owner

Legal Owner(s)

Presence Mercy Medical Center
 Dreyer Clinic, Inc.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence Mercy Medical Center	12
Rush Copley	3
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	3.00
Registered Nurses	26.65
Certified Aides	4.30
Other Health Profs.	12.00
Other Non-Health Profs	12.00
TOTAL	58.95

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	248	205	453
15-44 years	803	909	1,712
45-64 years	2,247	2,536	4,783
65-74 years	995	1,175	2,170
75+ years	703	923	1,626
TOTAL	4,996	5,748	10,744

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,132	1,479	2,611
Other Public	0	0	0
Insurance	3,772	4,178	7,950
Private Pay	92	91	183
Charity Care	0	0	0
TOTAL	4,996	5,748	10,744

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.2%	0.0%	0.0%	86.7%	0.1%	100.0%		
1,518,256	0	0	9,962,951	6,288	11,487,495	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	465	305.00	217.75	522.75	1.12
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	26	4.75	5.75	10.50	0.40
Ophthalmology	929	212.00	166.25	378.25	0.41
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	771	392.25	296.50	688.75	0.89
Otolaryngology	784	310.50	277.50	588.00	0.75
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	132	93.25	48.00	141.25	1.07
Thoracic	15	9.25	7.50	16.75	1.12
Urology	206	95.50	92.00	187.50	0.91
TOTAL	3328	1,422.50	1,111.25	2533.75	0.76

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	4	5508	3003	1059.75	4062.75	0.74
Laser Eye	1	197	13.25	0	13.25	0.07
Pain Management	1	1711	273.25	0	273.25	0.16
TOTALS	6	7416	3289.5	1059.75	4349.25	0.59

Reference Numbers Facility Id 7003015
Health Service Area 008 Planning Service Area 089
ELGIN GASTROENTEROLOGY ENDOSCOPY CENTER, LLC
745 FLETCHER DRIVE, 2ND FLR.
ELGIN, IL 60123

Number of Operating Rooms 0
Procedure Rooms 2
Exam Rooms 0
Number of Recovery Stations Stage 1 0
Number of Recovery Stations Stage 2 8

Administrator Susan Theobald
Date Complete 2/22/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Lawrence Kosinski

Property Owner
Elgin Gastro envestmentsf

Legal Owner(s)

Sun, Wei
Stinneford, James
Pillai, Raj
Physicians Endoscopy
Losurdo, Joseph
Kosinski, Lawrence
Joseph, Sunil
Godambe, Sonia
Gambala, Gregory

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence St Joseph Hospital	2
Sherman Hospital	3
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	6.50
Certified Aides	0.00
Other Health Profs.	3.40
Other Non-Health Profs	1.00
TOTAL	11.90

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	232	270	502
45-64 years	932	1,042	1,974
65-74 years	432	528	960
75+ years	170	141	311
TOTAL	1,766	1,981	3,747

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	476	574	1,050
Other Public	0	0	0
Insurance	1,262	1,387	2,649
Private Pay	28	19	47
Charity Care	0	1	1
TOTAL	1,766	1,981	3,747

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
14.2%	0.0%	0.0%	84.9%	0.9%	100.0%		
429,716	0	0	2,569,878	26,769	3,026,363	2,775	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	3747	2498	1562	4060	1.08
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3747	2498	1562	4060	1.08

Reference Numbers Facility Id 7002165
 Health Service Area 008 Planning Service Area 089
 FOX VALLEY ORTHOPAEDIC INSTITUTE
 2525 KANEVILLE ROAD
 GENEVA, IL 60134

Number of Operating Rooms 0
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 7
 Number of Recovery Stations Stage 2 7

Administrator Mary O'Brien, MBA, CMPE
Date Complete 2/1/2013

Type of Ownership
 Corporation (RA required)

Registered Agent
 Fox Valley Orthopaedic Associa

Property Owner
 Kaneville Road Joint Venture

Legal Owner(s)

Vishal M. Mehta, MD
 Timothy S. Petsche, MD
 Thomas A. Atkins, MD
 Laura M. Lemke, MD
 Kevan E. Kettering, MD
 Jasper A. Petrucci, MD
 Eric K. Bartel, MD
 David R. Morawski, MD
 Craig M. Torosian, MD
 Craig A. Popp, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Delnor Community Hospital	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	11.00
Certified Aides	0.00
Other Health Profs.	6.00
Other Non-Health Profs	3.00
TOTAL	21.00

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	62	61	123
15-44 years	407	330	737
45-64 years	725	716	1,441
65-74 years	191	239	430
75+ years	119	177	296
TOTAL	1,504	1,523	3,027

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	6	3	9
Medicare	309	416	725
Other Public	0	0	0
Insurance	1,183	1,099	2,282
Private Pay	5	5	10
Charity Care	1	0	1
TOTAL	1,504	1,523	3,027

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.6%	0.0%	0.0%	89.1%	0.3%	100.0%		
614,179	0	255	5,154,784	14,548	5,783,766	767	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2174	3,261.00	737.50	3998.50	1.84
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	853	283.50	214.00	497.50	0.58
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3027	3,544.50	951.50	4496.00	1.49

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003031
 Health Service Area 008 Planning Service Area 097
 GRAND OAKS SURGICAL CENTER, S.C.
 1800 HOLLISTER DRIVE
 LIBERTYVILLE, IL 60048

Number of Operating Rooms 0
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 2
 Number of Recovery Stations Stage 2 1

Administrator Linda Butler
Date Complete 2/19/2013

Type of Ownership
 Corporation (RA required)

Registered Agent
 Leo J. Delaney

Property Owner
 Hollister Incorporated

Legal Owner(s)
 Bruce W. Irwin

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Condell Medical Center	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	0.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	1.00
TOTAL	4.00

DAYS AND HOURS OF OPERATION

Monday	7
Tuesday	7
Wednesday	7
Thursday	7
Friday	4
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	73	82	155
45-64 years	139	240	379
65-74 years	6	7	13
75+ years	1	0	1
TOTAL	219	329	548

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public Insurance	47	20	67
Private Pay	166	297	463
Charity Care	0	0	0
	6	12	18
TOTAL	219	329	548

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		
0	0	0	1,089,187	0	1,089,187	6,652	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	548	210	158	368	0.67
TOTALS	1	548	210	158	368	0.67

Reference Numbers Facility Id 7001795
 Health Service Area 008 Planning Service Area 097
 HAWTHORN SURGERY CENTER
 1900 HOLLISTER DRIVE, STE. 100
 LIBERTYVILLE, IL 60048

Number of Operating Rooms 3
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 3
 Number of Recovery Stations Stage 2 6

Administrator Julie Bell, R.N.
Date Complete 2/28/2013

Type of Ownership
 Limited Partnership (RA required)

Registered Agent
 CT Corporation

Property Owner
 Hollister/LJ Sheridan

Legal Owner(s)

Surgical Care Affiliates
 Orthoped, LLC

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ADVOCATE CONDELL MEDICAL CENTER	2
NORTHWESTERN LAKE FOREST	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	17.00
Certified Aides	0.00
Other Health Profs.	5.00
Other Non-Health Profs	5.00
TOTAL	29.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	88	76	164
15-44 years	671	485	1,156
45-64 years	739	851	1,590
65-74 years	134	199	333
75+ years	45	86	131
TOTAL	1,677	1,697	3,374

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	19	21	40
Medicare	157	271	428
Other Public	0	0	0
Insurance	1,494	1,398	2,892
Private Pay	7	7	14
Charity Care	0	0	0
TOTAL	1,677	1,697	3,374

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.3%	0.1%	0.0%	65.3%	30.3%	100.0%		
391,016	5,405	0	5,940,554	2,758,752	9,095,727	0	0%

FACILITY NOTES

12-041 9/11/2012

Received permit to establish an ASTC facility with 3 operating rooms at Center Drive and Lakeview Parkway in Vernon Hills.

12-041

9/11/2012

Received permit to discontinue ASTC facility with 3 operating rooms at 1900 Hollister Drive in Libertyville.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	1.00	0.75	1.75	1.75
Dermatology	60	21.00	45.00	66.00	1.10
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	4	2.00	3.00	5.00	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	594	153.00	445.50	598.50	1.01
OB/Gynecology	4	1.00	3.00	4.00	1.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	52	52.00	39.00	91.00	1.75
Orthopedic	2481	1,731.00	1,860.75	3591.75	1.45
Otolaryngology	23	6.00	17.25	23.25	1.01
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	155	96.00	116.25	212.25	1.37
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3374	2,063.00	2,530.50	4593.50	1.36

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003149
 Health Service Area 008 Planning Service Area 097
 LAKE FOREST ENDOSCOPY CENTER, LLC
 1475 EAST BELVIDERE ROAD, STE. 303
 GRAYSLAKE, IL 60030

Number of Operating Rooms 0
 Procedure Rooms 2
 Exam Rooms 0
 Number of Recovery Stations Stage 1 3
 Number of Recovery Stations Stage 2 0

Administrator Alexander Tosiou
Date Complete 2/18/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

Lynn Gordon

Property Owner

Lake Forest Hospital Outpatient

Legal Owner(s)

Lake Forest Physicians

Lake Forest Hospital

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	3.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	2.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	192	304	496
45-64 years	839	1,039	1,878
65-74 years	267	338	605
75+ years	79	132	211
TOTAL	1,377	1,813	3,190

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	6	7
Medicare	278	410	688
Other Public	0	0	0
Insurance	1,097	1,392	2,489
Private Pay	1	5	6
Charity Care	0	0	0
TOTAL	1,377	1,813	3,190

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
21.7%	0.1%	0.0%	78.0%	0.2%	100.0%		
632,272	4,378	0	2,276,611	5,551	2,918,812	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	3190	1716	564	2280	0.71
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3190	1716	564	2280	0.71

Reference Numbers Facility Id 7003115
 Health Service Area 008 Planning Service Area 097
 LINDENHURST SURGERY CENTER
 1050 RED OAK LANE
 LINDENHURST, IL 60046

Number of Operating Rooms 4
 Procedure Rooms 2
 Exam Rooms 6
 Number of Recovery Stations Stage 1 10
 Number of Recovery Stations Stage 2 0

Administrator **Date Complete**
 Barbara Martin 2/28/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Corporation Service Company
Property Owner
 Community Health System

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Vista Medical Center East	4
	0
	0
	0
	0

Legal Owner(s)

Lawrence Gibson
 Alan Gegenheimer
 Benjamin Johnson
 Community Health Systems, Inc.
 Daniel Green
 Daniel Liesen
 David Fetter
 David Zoellick
 Gregory Caronis
 Aaron Siegel
 Kristopher Atzeff
 Steven Reinglass
 Lisa Thompson
 Merrill Matschke
 And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	6.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	12.50

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	21	7	28
15-44 years	138	112	250
45-64 years	193	207	400
65-74 years	125	141	266
75+ years	99	150	249
TOTAL	576	617	1,193

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	19	33	52
Medicare	219	277	496
Other Public	2	3	5
Insurance	332	302	634
Private Pay	4	2	6
Charity Care	0	0	0
TOTAL	576	617	1,193

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
16.0%	-0.4%	0.5%	83.3%	0.7%	100.0%		
566,624	-14,322	15,958	2,950,848	23,173	3,542,281	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	188	104.00	110.75	214.75	1.14
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	28	17.50	16.50	34.00	1.21
Ophthalmology	443	150.25	221.00	371.25	0.84
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	251	205.25	171.25	376.50	1.50
Otolaryngology	22	7.75	12.75	20.50	0.93
Pain Management	2	0.50	0.50	1.00	0.50
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	73	44.00	36.50	80.50	1.10
Thoracic	0	0.00	0.00	0.00	0.00
Urology	138	82.00	80.75	162.75	1.18
TOTAL	1145	611.25	650.00	1261.25	1.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	33	11	16.5	27.5	0.83
Laser Eye	1	15	0.75	6.25	7	0.47
Pain Management	0	0	0	0	0	0.00
TOTALS	2	48	11.75	22.75	34.5	0.72

Reference Numbers Facility Id 7003156
 Health Service Area 008 Planning Service Area 097
 NORTHWESTERN GRAYSLAKE SURGERY CENTER
 1475 EAST BELVIDERE ROAD
 GRAYSLAKE, IL 60030-2012

Number of Operating Rooms 4
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 10

Administrator Marsha L. Oberrieder
Date Complete 2/22/2013

Type of Ownership
 Other Not For Profit Ownership

Registered Agent

Property Owner
 N/A

Legal Owner(s)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Lake Forest Hospital	0
Advocate Condell Medical Center	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.20
Physicians	0.20
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	8.87
Certified Aides	0.00
Other Health Profs.	2.80
Other Non-Health Profs	1.03
TOTAL	14.10

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	77	47	124
15-44 years	66	90	156
45-64 years	93	132	225
65-74 years	39	36	75
75+ years	13	19	32
TOTAL	288	324	612

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	16	11	27
Medicare	47	51	98
Other Public Insurance	5	6	11
Private Pay	217	252	469
Charity Care	2	1	3
	1	3	4
TOTAL	288	324	612

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
8.6%	0.9%	0.2%	90.3%	0.1%	100.0%		
145,298	15,478	3,051	1,528,272	1,183	1,693,282	18,290	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	116	62.25	58.00	120.25	1.04
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	4	1.25	2.00	3.25	0.81
Ophthalmology	33	14.75	16.50	31.25	0.95
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	152	149.75	76.00	225.75	1.49
Otolaryngology	141	35.25	70.50	105.75	0.75
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	1	0.75	0.50	1.25	1.25
Podiatry	76	44.75	38.00	82.75	1.09
Thoracic	0	0.00	0.00	0.00	0.00
Urology	89	64.00	44.50	108.50	1.22
TOTAL	612	372.75	306.00	678.75	1.11

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002926
Health Service Area 008 Planning Service Area 097
THE LAKE BLUFF ILLINOIS ENDOSCOPY ASC, LLC
101 S. WAUKEGAN ROAD, STE 980
LAKE BLUFF, IL 60044-1687

Number of Operating Rooms 0
Procedure Rooms 2
Exam Rooms 0
Number of Recovery Stations Stage 1 8
Number of Recovery Stations Stage 2 0

Administrator Erik Hamnes
Date Complete 2/27/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
national registered agents Inc

Property Owner
Carriage Point limited partners

Legal Owner(s)

Walter Glaws, MD
the above owned as follows:
Robert Hadesman, MD
Philip Adjei, MD
North shore suburban associates inc
north shore endoscopy ventures llc
Kevin Leibovich, MD
John Matseshe, MD
Fred Rosenberg, MD
E.P. Kirch, MD
Cynthia Wait, MD
Amsurg holdings Inc

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Condell Medical Center	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	3.30
Certified Aides	3.00
Other Health Profs.	0.00
Other Non-Health Profs	3.00
TOTAL	10.30

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	10
Wednesday	9
Thursday	10
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	204	281	485
45-64 years	1,014	1,189	2,203
65-74 years	337	399	736
75+ years	124	149	273
TOTAL	1,679	2,019	3,698

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	381	507	888
Other Public Insurance	50	52	102
Private Pay	1,233	1,452	2,685
Charity Care	15	8	23
	0	0	0
TOTAL	1,679	2,019	3,698

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.8%	0.0%	1.2%	85.3%	6.7%	100.0%		
283,016	0	49,000	3,549,846	278,473	4,160,335	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	3698	1849	924.5	2773.5	0.75
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3698	1849	924.5	2773.5	0.75

Reference Numbers Facility Id 7003117
 Health Service Area 008 Planning Service Area 089
 TRI-CITIES SURGERY CENTER, LLC
 345 DELNOR DRIVE
 GENEVA, IL 60134-4220

Number of Operating Rooms 3
 Procedure Rooms 2
 Exam Rooms 1
 Number of Recovery Stations Stage 1 7
 Number of Recovery Stations Stage 2 6

Administrator Joseph G. Ollayos
Date Complete 2/26/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 George M. Powell, M.D.

Property Owner
 Delnor-Community Hospital

Legal Owner(s)
 Tri-Cities Physician Group, LLC
 DelCom Corporation

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Delnor-Community Hospital; Geneva, IL 60134	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	16.00
Certified Aides	1.00
Other Health Profs.	4.50
Other Non-Health Profs	9.00
TOTAL	32.50

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	10	15	25
15-44 years	400	575	975
45-64 years	1,759	1,734	3,493
65-74 years	619	654	1,273
75+ years	302	387	689
TOTAL	3,090	3,365	6,455

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	17	34	51
Medicare	757	913	1,670
Other Public	0	0	0
Insurance	2,304	2,403	4,707
Private Pay	11	10	21
Charity Care	1	5	6
TOTAL	3,090	3,365	6,455

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
13.5%	0.2%	0.0%	86.0%	0.3%	100.0%		
904,331	11,884	0	5,762,458	18,081	6,696,754	4,590	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	134	66.25	100.50	166.75	1.24
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	84	24.75	63.00	87.75	1.04
Ophthalmology	702	197.50	526.50	724.00	1.03
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	7	2.50	5.25	7.75	1.11
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	363	155.00	272.25	427.25	1.18
TOTAL	1290	446.00	967.50	1413.50	1.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	5165	1575.5	3869.25	5444.75	1.05
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	5165	1575.5	3869.25	5444.75	1.05

Reference Numbers Facility Id 7001217
 Health Service Area 008 Planning Service Area 089
 VALLEY AMBULATORY SURGERY CENTER
 2210 DEAN STREET
 ST. CHARLES, IL 60175-1059

Number of Operating Rooms 7
 Procedure Rooms 1
 Exam Rooms 1
 Number of Recovery Stations Stage 1 10
 Number of Recovery Stations Stage 2 19

Administrator **Date Complete**
 Deborah Lee Crook, R.N., CAS 2/8/2013

Type of Ownership
 Limited Partnership (RA required)

Registered Agent
 CT CORPORATION

Property Owner
 Valley Medical Building Corp

Legal Owner(s)

VASC INC
 SYMBION INC
 SYMBION AMB. RESOURCES
 SARC/ST CHARLES
 ARC FINANCIAL SERVICES

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Denor Community Hospital, Geneva	3
Provena Saint Joseph Hospital, Elgin	0
Sherman Hospital, Elgin	0
Rush Copley Hospital, Aurora	0
Provena Mercy Hospital, Aurora	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	2.50
Director of Nurses	1.00
Registered Nurses	20.00
Certified Aides	0.00
Other Health Profs.	7.00
Other Non-Health Profs	11.00
TOTAL	42.50

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	324	213	537
15-44 years	390	1,005	1,395
45-64 years	735	1,349	2,084
65-74 years	277	469	746
75+ years	185	291	476
TOTAL	1,911	3,327	5,238

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	436	802	1,238
Other Public	0	0	0
Insurance	1,452	2,453	3,905
Private Pay	19	61	80
Charity Care	4	11	15
TOTAL	1,911	3,327	5,238

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.8%	0.0%	0.0%	89.1%	0.1%	100.0%		
1,050,254	0	0	8,633,374	9,051	9,692,679	70,861	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	5	2.50	1.00	3.50	0.70
Gastroenterology	595	198.50	218.00	416.50	0.70
General Surgery	603	603.00	100.50	703.50	1.17
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	2	3.50	3.00	6.50	3.25
OB/Gynecology	715	536.25	120.00	656.25	0.92
Ophthalmology	577	240.50	67.50	308.00	0.53
Oral/Maxillofacial	150	225.00	22.50	247.50	1.65
Orthopedic	426	532.50	64.00	596.50	1.40
Otolaryngology	751	563.25	75.00	638.25	0.85
Pain Management	798	239.50	53.00	292.50	0.37
Plastic	107	219.50	22.00	241.50	2.26
Podiatry	498	622.50	58.00	680.50	1.37
Thoracic	0	0.00	0.00	0.00	0.00
Urology	11	3.00	1.00	4.00	0.36
TOTAL	5238	3,989.50	805.50	4795.00	0.92

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Multi	1	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Reference Numbers Facility Id 7003144
 Health Service Area 008 Planning Service Area 097
 VERNON SQUARE SURGICENTER
 230 CENTER DRIVE
 VERNON HILLS, IL 60061-1584

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 5
 Number of Recovery Stations Stage 2 0

Administrator Patricia Robbins
Date Complete 4/1/2013

Type of Ownership
 Sole Proprietorship

Registered Agent

Property Owner

Legal Owner(s)

Daniel Ritacca

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Condell, Libertyville	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	1.00
Other Health Profs.	3.00
Other Non-Health Profs	1.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	10
Wednesday	8
Thursday	8
Friday	6
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	26	147	173
45-64 years	94	226	320
65-74 years	138	208	346
75+ years	86	164	250
TOTAL	344	746	1,090

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	6	10	16
Medicare	202	333	535
Other Public	2	6	8
Insurance	106	229	335
Private Pay	28	168	196
Charity Care	0	0	0
TOTAL	344	746	1,090

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.4%	11.4%	1.7%	49.8%	13.8%	100.0%		
274,405	133,266	19,550	583,893	162,064	1,173,178	0	0%

FACILITY NOTES

11-098 1/10/2012

Permit issued to add pain management surgery; facility is now categorized as a multi-specialty surgical center.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	781	145.00	268.00	413.00	0.53
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	108	22.00	36.00	58.00	0.54
Plastic	201	167.00	209.00	376.00	1.87
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1090	334.00	513.00	847.00	0.78

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003141
Health Service Area 009 Planning Service Area 197
AMSURG SURGERY CENTER
998 129TH INFANTRY DRIVE
JOLIET, IL 60435

Number of Operating Rooms 4
Procedure Rooms 2
Exam Rooms 0
Number of Recovery Stations Stage 1 9
Number of Recovery Stations Stage 2 5

Administrator Sue Sorg
Date Complete 2/14/2013

Type of Ownership
Limited Partnership (RA required)

Registered Agent

CT Corporation

Property Owner

LB Properties XI LLC

Legal Owner(s)

Majid Rassouli
Ankit Patel
Anuj Puppala
Aras Zlioba
Bradley Dworsky
Christopher /Lori Bailey
Christy Hiser
Clyde Dawson
David Morimoto
Eligius Lelis
Eric Bass
Alan Chen
Lawrence Sadowski
Vic Tsai
And Others

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Presence St Joseph Medical Center	3
Silver Cross Hospital	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	14.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	8.00
TOTAL	28.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	283	266	549
15-44 years	481	546	1,027
45-64 years	1,091	1,137	2,228
65-74 years	614	942	1,556
75+ years	566	832	1,398
TOTAL	3,035	3,723	6,758

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	35	46	81
Medicare	1,156	1,793	2,949
Other Public Insurance	17	16	33
Private Pay	1,815	1,860	3,675
Charity Care	12	7	19
	0	1	1
TOTAL	3,035	3,723	6,758

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
25.0%	0.5%	0.2%	74.1%	0.2%	100.0%		
2,496,227	46,333	19,595	7,416,064	24,683	10,002,902	2,523	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	6	3.00	3.00	6.00	1.00
Dermatology	114	57.00	57.00	114.00	1.00
Gastroenterology	277	139.00	180.50	319.50	1.15
General Surgery	254	190.50	127.00	317.50	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	299	149.50	149.50	299.00	1.00
OB/Gynecology	26	19.50	13.00	32.50	1.25
Ophthalmology	2058	1,029.00	1,029.00	2058.00	1.00
Oral/Maxillofacial	856	42.75	428.00	470.75	0.55
Orthopedic	931	698.25	931.00	1629.25	1.75
Otolaryngology	188	94.00	94.00	188.00	1.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	148	185.00	148.00	333.00	2.25
Thoracic	21	10.50	10.50	21.00	1.00
Urology	5	12.50	5.00	17.50	3.50
TOTAL	5183	2,630.50	3,175.50	5806.00	1.12

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	1111	555.5	722.5	1278	1.15
Laser Eye	1	464	93	139	232	0.50
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1575	648.5	861.5	1510	0.96

Reference Numbers Facility Id 7002876
 Health Service Area 009 Planning Service Area 091
 CENTER FOR DIGESTIVE HEALTH
 1615 N. CONVENT ST., SUITE 2
 BOURBONNAIS, IL 60914

Number of Operating Rooms 0
 Procedure Rooms 2
 Exam Rooms 0
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 6

Administrator Christina O'Connor
Date Complete 2/18/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

Paula Jacobi

Property Owner

Agita, LLC

Legal Owner(s)

Thomas O'Connor
 Syed Bokhari
 Riverside Medical Center
 Presence St. Mary's Hospital
 Nikhil Bhargava
 Edward Jurkovic
 David Sutherland
 Daniel Errampalli
 Brian Sasso

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Medical Center Kankakee	9
Presence St. Marys Hospital	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	5.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	235	319	554
45-64 years	869	1,052	1,921
65-74 years	399	484	883
75+ years	216	341	557
TOTAL	1,719	2,196	3,915

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	5	14	19
Medicare	651	894	1,545
Other Public	3	0	3
Insurance	1,046	1,272	2,318
Private Pay	6	7	13
Charity Care	8	9	17
TOTAL	1,719	2,196	3,915

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.4%	0.5%	0.3%	70.4%	11.5%	100.0%		
549,998	15,975	8,270	2,225,757	362,241	3,162,242	15,340	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	3915	1533	591	2124	0.54
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3915	1533	591	2124	0.54

Reference Numbers Facility Id 7002785
 Health Service Area 009 Planning Service Area 063
 DEERPATH ORTHOPEDIC SURGICAL CENTER, LLC
 1051 W. ROUTE 6
 MORRIS, IL 60450

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 3
 Number of Recovery Stations Stage 2 5

Administrator Carol Wills, R.N.
Date Complete 2/5/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Keith M. Rezin, M.D.

Property Owner
 K&S Real Estate

Legal Owner(s)

Thomas Rappette, DPM
 Stephen Treacy, MD
 Robert MacNab, DPM
 Raymond Meyer, MD
 Paul Bishop, DPM
 Morris Hospital
 Keith M. Rezin, MD
 Eric Ortinau, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Morris Hospital	6
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	1.50
Other Non-Health Profs	1.50
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	10	10	20
15-44 years	96	89	185
45-64 years	127	150	277
65-74 years	44	55	99
75+ years	24	30	54
TOTAL	301	334	635

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	8	20	28
Medicare	62	81	143
Other Public	0	3	3
Insurance	229	230	459
Private Pay	2	0	2
Charity Care	0	0	0
TOTAL	301	334	635

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.0%	1.0%	0.3%	86.1%	6.6%	100.0%		
125,468	20,825	6,620	1,796,812	137,830	2,087,555	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	569	261.00	142.00	403.00	0.71
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	66	31.00	17.00	48.00	0.73
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	635	292.00	159.00	451.00	0.71

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003162
 Health Service Area 009 Planning Service Area 197
 DMG PAIN MANAGEMENT SURGERY CENTER, LLC
 2490 ROLLINGRIDGE, SUITE 200
 NAPERVILLE, IL 60564

Number of Operating Rooms 0
 Procedure Rooms 2
 Exam Rooms 1
 Number of Recovery Stations Stage 1 2
 Number of Recovery Stations Stage 2 5

Administrator Dennis Fine
Date Complete 2/28/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Elizabeth Miller

Property Owner
 DuPage Medical Group

Legal Owner(s)

DuPage Medical Group

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital, Naperville, IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	2.00
Other Health Profs.	0.00
Other Non-Health Profs	1.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	432	469	901
45-64 years	1,102	1,130	2,232
65-74 years	592	640	1,232
75+ years	319	582	901
TOTAL	2,445	2,821	5,266

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	21	51	72
Medicare	740	1,114	1,854
Other Public	0	0	0
Insurance	1,662	1,619	3,281
Private Pay	22	37	59
Charity Care	0	0	0
TOTAL	2,445	2,821	5,266

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.1%	1.2%	0.0%	74.4%	1.3%	100.0%		
722,013	38,688	0	2,325,453	39,295	3,125,449	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	2	5266	1280.5	885.5	2166	0.41
TOTALS	2	5266	1280.5	885.5	2166	0.41

Reference Numbers Facility Id 7002538
 Health Service Area 009 Planning Service Area 093
 KENDALL POINTE SURGERY CENTER, LLC
 100 WEST FIFTH STREET
 OSWEGO, IL 60543-8314

Number of Operating Rooms 3
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 5
 Number of Recovery Stations Stage 2 5

Administrator Patricia Wamsley
Date Complete 2/28/2013

Type of Ownership
 Limited Liability Partnership (RA required)

Registered Agent
 Greg Ingemunson
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Provena Mercy Medical Center, Aurora, IL	0
	0
	0
	0
	0

Legal Owner(s)

Valley West Medical Center
 The Ctrs for Foot & Ankle S
 Robert Foody, MD
 PBC Oswego, LLC
 Michael Coulson, DO
 Mario Zapata, MD
 John Mazur, MD
 James Wilson, MD
 Carlos Rodriguez, MD
 Brendon McCarthy, DPM
 Allen Bloom, MD

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	3.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	6	10
15-44 years	98	218	316
45-64 years	173	219	392
65-74 years	120	158	278
75+ years	89	109	198
TOTAL	484	710	1,194

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	192	243	435
Other Public	0	0	0
Insurance	258	326	584
Private Pay	34	141	175
Charity Care	0	0	0
TOTAL	484	710	1,194

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
24.0%	0.0%	0.0%	57.9%	18.1%	100.0%		
487,413	0	0	1,176,313	367,645	2,031,371	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	246	177.25	102.25	279.50	1.14
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1	1.50	0.75	2.25	2.25
OB/Gynecology	2	1.50	1.00	2.50	1.25
Ophthalmology	450	208.25	150.00	358.25	0.80
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	115	48.75	28.50	77.25	0.67
Plastic	155	385.00	67.25	452.25	2.92
Podiatry	84	109.00	28.00	137.00	1.63
Thoracic	0	0.00	0.00	0.00	0.00
Urology	3	4.25	1.25	5.50	1.83
TOTAL	1056	935.50	379.00	1314.50	1.24

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	138	69.5	23	92.5	0.67
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	138	69.5	23	92.5	0.67

Reference Numbers
 Facility Id 7002702
 Health Service Area 009 Planning Service Area 091
 OAK SURGICAL INSTITUTE
 403 SOUTH KENNEDY BLVD.
 BRADLEY, IL 60915-2152

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 7
 Number of Recovery Stations Stage 2 7

Administrator Joy Moore
Date Complete 2/20/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Margaret Frogge

Property Owner
 Riverside Healthcare

Legal Owner(s)

Valley Investments, LLC
 Oakside Corporation

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Healthcare - Kankakee, IL	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.50
Certified Aides	0.00
Other Health Profs.	1.50
Other Non-Health Profs	4.25
TOTAL	12.25

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	0
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	17	12	29
15-44 years	227	122	349
45-64 years	185	208	393
65-74 years	51	63	114
75+ years	16	19	35
TOTAL	496	424	920

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	14	2	16
Medicare	64	97	161
Other Public	2	2	4
Insurance	414	323	737
Private Pay	0	0	0
Charity Care	2	0	2
TOTAL	496	424	920

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.5%	1.7%	0.4%	80.3%	0.0%	100.0%		
588,366	58,200	14,457	2,701,066	0	3,362,089	40,958	1%

FACILITY NOTES

11-100 2/28/2012

Received permit to add podiatric surgery specialty to existing facility; facility is now Multi-Specialty facility.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	905	965.50	500.00	1465.50	1.62
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	2	0.50	1.00	1.50	0.75
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	13	16.00	6.00	22.00	1.69
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	920	982.00	507.00	1489.00	1.62

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003135
 Health Service Area 009 Planning Service Area 197
 PLAINFIELD SURGERY CENTER, LLC
 24600 WEST 127TH STREET, BUILDNG C
 PLAINFIELD, IL 60585

Number of Operating Rooms 3
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 7

Administrator **Date Complete**
 Dolores Stam, R.N. 2/7/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Shannon Fox Fraser
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital 801 S. Washington Street, Naperville	2
	0
	0
	0
	0

Legal Owner(s)

Dr. J.B. Joo
 Dr. Allen Bloom
 Dr. Christopher Olson
 Dr. Craig Smith
 Dr. David Burt
 Dr. David Piazza
 Dr. Elizabeth Harvey
 Dr. Alan Chen
 Dr. Gregory Ward
 Naperville Surgical Associates
 Dr. John Lombardi
 Dr. Joseph Donzelli
 Dr. Narayan Tata
 Dr. Robert Payton
 And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.50
Registered Nurses	8.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	4.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	164	86	250
15-44 years	310	391	701
45-64 years	349	357	706
65-74 years	83	87	170
75+ years	33	30	63
TOTAL	939	951	1,890

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	95	106	201
Other Public	0	0	0
Insurance	826	668	1,494
Private Pay	14	175	189
Charity Care	4	2	6
TOTAL	939	951	1,890

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.5%	0.0%	0.0%	93.7%	3.8%	100.0%		
116,064	0	0	4,321,932	175,709	4,613,705	9,694	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	577	226.25	287.50	513.75	0.89
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	42	25.50	21.00	46.50	1.11
Ophthalmology	4	0.75	2.00	2.75	0.69
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	481	371.00	240.50	611.50	1.27
Otolaryngology	324	157.75	162.00	319.75	0.99
Pain Management	35	4.75	17.50	22.25	0.64
Plastic	184	269.25	92.00	361.25	1.96
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	52	42.00	26.00	68.00	1.31
TOTAL	1699	1,097.25	848.50	1945.75	1.15

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	191	52	95.5	147.5	0.77
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	191	52	95.5	147.5	0.77

Reference Numbers Facility Id 7003049
Health Service Area 009 Planning Service Area 091
RIVERSIDE AMBULATORY SURGERY CENTER
300 RIVERSIDE DRIVE STE 1100
BOURBONNAIS, IL 60914-4997

Number of Operating Rooms 2
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 0
Number of Recovery Stations Stage 2 6

Administrator Carrie Stauffenberg
Date Complete 2/26/2013

Type of Ownership
Limited Liability Partnership (RA required)

Registered Agent
Margaret H. Frogge

Property Owner
Riverside Medical Center

Legal Owner(s)

Valerie Goldfain, M.D.
Steven Williams, M.D.
Saroja Yalamanchili M.D.
Robert Martin, DPM
Robert Brockman, M.D.
Riverside Medical Center
Renuka Ramakrishna, M.D.
Paul Rowland, M.D.
Marc Fisher, M.D.
Jerome Swale, M.D.
Elizabeth Hofmeister, DPM
Dong Ounk Kim, M.D.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Medical Center, Kankakee	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	2.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	11	12	23
15-44 years	48	55	103
45-64 years	168	239	407
65-74 years	229	361	590
75+ years	268	352	620
TOTAL	724	1,019	1,743

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	13	27	40
Medicare	471	687	1,158
Other Public	0	0	0
Insurance	236	302	538
Private Pay	4	3	7
Charity Care	0	0	0
TOTAL	724	1,019	1,743

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
66.4%	2.3%	0.0%	30.9%	0.4%	100.0%		
1,609,860	55,487	0	747,988	9,692	2,423,027	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	58	48.00	27.75	75.75	1.31
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	28	30.25	13.75	44.00	1.57
Ophthalmology	1206	462.75	436.75	899.50	0.75
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	16	9.75	7.50	17.25	1.08
Pain Management	27	9.75	9.00	18.75	0.69
Plastic	314	372.50	160.25	532.75	1.70
Podiatry	94	110.25	42.50	152.75	1.63
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1743	1,043.25	697.50	1740.75	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002595
 Health Service Area 009 Planning Service Area 197
 SOUTHWEST SURGERY CENTER, LLC
 19110 DARVIN DRIVE
 MOKENA, IL 60448

Number of Operating Rooms 4
 Procedure Rooms 1
 Exam Rooms 0
 Number of Recovery Stations Stage 1 16
 Number of Recovery Stations Stage 2 10

Administrator Michael Cherny
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Ed Green

Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. James Hospital, Olympia Fields	1
	0
	0
	0
	0

Legal Owner(s)

Michael McDermott
 Daniel Troy
 David Lubeck
 Eli Lelis
 Frank Narcisi
 Jason Hurbaneck
 Jeff Flagg
 Carey Templin
 Michael Cherny
 Stan Knight
 Michel Malek
 Neal Labana
 Patrick Sweeney
 Phil Narcissi
 And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	2.00
Registered Nurses	11.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	11.00
TOTAL	27.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	4	6	10
15-44 years	277	216	493
45-64 years	472	593	1,065
65-74 years	302	513	815
75+ years	290	448	738
TOTAL	1,345	1,776	3,121

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	12	13
Medicare	556	931	1,487
Other Public	0	0	0
Insurance	736	712	1,448
Private Pay	52	121	173
Charity Care	0	0	0
TOTAL	1,345	1,776	3,121

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.2%	0.1%	0.0%	85.8%	4.9%	100.0%		
1,188,855	9,615	0	11,114,830	638,537	12,951,836	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	5	4.40	5.80	10.20	2.04
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	17	15.00	19.80	34.80	2.05
Ophthalmology	1302	656.20	969.40	1625.60	1.25
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1007	1,450.00	1,168.00	2618.00	2.60
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	532	234.00	191.60	425.60	0.80
Plastic	75	186.00	75.00	261.00	3.48
Podiatry	183	219.60	175.60	395.20	2.16
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3121	2,765.20	2,605.20	5370.40	1.72

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Reference Numbers Facility Id 7003151
 Health Service Area 010 Planning Service Area 161
 DIALYSIS ACCESS CENTER, LLC
 400 JOHN DEERE ROAD, BLDG. 2
 MOLINE, IL 61265

Number of Operating Rooms 1
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 2
 Number of Recovery Stations Stage 2 2

Administrator V.R. Alla, M.D.
Date Complete 2/28/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 V.R. Alla, M.D.

Property Owner
 RRS Investments, LP

Legal Owner(s)

V.R. Alla, M.D.
 Suresh Alla, M.D.
 Rakesh Alla
 Rajesh Alla, M.D.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity Medical Center - Rock Island Campus	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	0.00
TOTAL	5.50

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	10
Wednesday	0
Thursday	10
Friday	0
Saturday	11
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	9	3	12
45-64 years	45	22	67
65-74 years	16	17	33
75+ years	20	25	45
TOTAL	90	67	157

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	8	4	12
Medicare	57	58	115
Other Public	0	0	0
Insurance	25	5	30
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	90	67	157

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
43.4%	7.8%	0.0%	48.8%	0.0%	100.0%		
108,295	19,427	0	121,653	0	249,375	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	157	93.25	49.50	142.75	0.91
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	157	93.25	49.50	142.75	0.91

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002520
 Health Service Area 010 Planning Service Area 161
 QUAD CITY AMBULATORY SURGERY CENTER, LLC
 520 VALLEY VIEW DR., #300
 MOLINE, IL 61265

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 4
 Number of Recovery Stations Stage 2 4

Administrator Mary Ann Sears, R.N., MS
Date Complete 2/27/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

Peter Benson

Property Owner

QCASC INC

Legal Owner(s)

Tom VonGillern
 Steve Boardman
 Shawn Wynn
 R. Scott Collins
 Peter Alward
 Mike Turner
 Mark Stewart
 Jason Clark
 Ed Connolly

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
TRINITY MEDICAL CENTER - 2701 17TH STREET - RO	2
TRINIT MEDICAL CENTER - 500 JOHN DEERE ROAD -	0
ILLINI HOSPITAL - 801 ILLINI ROAD - SILVIS, IL 61	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	9.40
Certified Aides	0.50
Other Health Profs.	3.40
Other Non-Health Profs	2.50
TOTAL	17.80

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	14	10	24
15-44 years	218	186	404
45-64 years	506	583	1,089
65-74 years	232	312	544
75+ years	174	290	464
TOTAL	1,144	1,381	2,525

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	12	21	33
Medicare	400	634	1,034
Other Public	47	19	66
Insurance	684	707	1,391
Private Pay	1	0	1
Charity Care	0	0	0
TOTAL	1,144	1,381	2,525

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.2%	1.2%	1.6%	87.3%	8.7%	100.0%		
63,058	61,867	85,273	4,638,853	462,325	5,311,376	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	3	3.25	1.00	4.25	1.42
Orthopedic	1508	895.25	110.25	1005.50	0.67
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	962	0.25	0.50	0.75	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	52	57.25	11.75	69.00	1.33
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2525	956.00	123.50	1079.50	0.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003125
 Health Service Area 010 Planning Service Area 161
 QUAD CITY ENDOSCOPY LLC
 4340 7TH STREET
 MOLINE, IL 61265-6867

Number of Operating Rooms 0
 Procedure Rooms 2
 Exam Rooms 0
 Number of Recovery Stations Stage 1 6
 Number of Recovery Stations Stage 2 2

Administrator Sreenivas Chintalapani
Date Complete 2/8/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Sreenivas Chintalapani

Property Owner
 GIC Real Estate Investments, LLC

Legal Owner(s)

Sreenivas Chintalapani
 Shashinath Chandrasegowda
 Bettaiah T. Gowda
 Bavikatte N. Shivakumar

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity Moline, Moline, IL	0
Trinity Rock Island, Rock Island, IL	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	2.00
Certified Aides	0.00
Other Health Profs.	3.00
Other Non-Health Profs	3.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	186	242	428
45-64 years	788	744	1,532
65-74 years	397	445	842
75+ years	305	365	670
TOTAL	1,676	1,796	3,472

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	45	113	158
Medicare	716	857	1,573
Other Public Insurance	19	12	31
Private Pay	874	807	1,681
Charity Care	22	7	29
	0	0	0
TOTAL	1,676	1,796	3,472

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
26.4%	1.0%	0.5%	64.3%	7.8%	100.0%		
465,325	17,398	9,038	1,132,604	138,212	1,762,577	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	3472	700.25	1736	2436.25	0.70
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3472	700.25	1736	2436.25	0.70

Reference Numbers
 Facility Id 7003136
 Health Service Area 010 Planning Service Area 161
 RSC ILLINOIS LLC
 545 VALLEY VIEW DRIVE
 MOLINE, IL 61265-6138

Number of Operating Rooms 2
 Procedure Rooms 6
 Exam Rooms 0
 Number of Recovery Stations Stage 1 0
 Number of Recovery Stations Stage 2 0

Administrator Jennifer Swanson
Date Complete 2/28/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent

Rao V Movva

Property Owner

Valley View Realty

Legal Owner(s)

Vishnu Movva
 Vedavathi Movva
 Sita Movva
 Shanti Movva
 Rao V Movva
 Arvind Movva
 Anjayya Movva
 Allied Surgical Partners, Inc.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity Medical Center, Rock Island, IL	23
Trinity Medical Center, Moline, IL	2
Genesis Illini Campus, Silvis, IL	3
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	13.00
Certified Aides	15.10
Other Health Profs.	0.00
Other Non-Health Profs	1.00
TOTAL	30.10

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	126	135	261
15-44 years	908	1,293	2,201
45-64 years	2,660	2,773	5,433
65-74 years	1,586	1,495	3,081
75+ years	838	932	1,770
TOTAL	6,118	6,628	12,746

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	359	646	1,005
Medicare	2,133	2,177	4,310
Other Public	80	64	144
Insurance	3,508	3,660	7,168
Private Pay	38	81	119
Charity Care	0	0	0
TOTAL	6,118	6,628	12,746

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
21.2%	3.6%	1.1%	73.4%	0.7%	100.0%		
1,596,977	273,257	81,453	5,534,127	51,022	7,536,836	0	0%

FACILITY NOTES

11-101 2/28/2012
 Received permit to add otolaryngology specialty to existing facility.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	108	81.00	81.00	162.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	33	8.25	16.50	24.75	0.75
Pain Management	37	37.00	37.00	74.00	2.00
Plastic	94	188.00	94.00	282.00	3.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	272	314.25	228.50	542.75	2.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	5	8760	4380	4380	8760	1.00
GI/Pain	1	3714	928.5	1857	2785.5	0.75
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	6	12474	5308.5	6237	11545.5	0.93

Reference Numbers Facility Id 7001811
Health Service Area 011 Planning Service Area 163
BEL-CLAIR AMBULATORY SURGICAL TREATMENT CENTER
325 WEST LINCOLN
BELLEVILLE, IL 62220-1921

Number of Operating Rooms 2
Procedure Rooms 0
Exam Rooms 1
Number of Recovery Stations Stage 1 2
Number of Recovery Stations Stage 2 6

Administrator David Horace
Date Complete 2/27/2013

Type of Ownership
Corporation (RA required)

Registered Agent
DAVID R HORACE

Property Owner
WEST LINCOLN BUILDING, LLC

Legal Owner(s)

STEPHEN SCHMIDT
DAVID HORACE

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST ELIZABETH'S HOSPITAL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	1.50
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	55	66	121
45-64 years	385	510	895
65-74 years	210	245	455
75+ years	125	171	296
TOTAL	775	992	1,767

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	214	273	487
Other Public	3	3	6
Insurance	557	714	1,271
Private Pay	1	2	3
Charity Care	0	0	0
TOTAL	775	992	1,767

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.4%	0.1%	0.0%	71.8%	9.7%	100.0%		
173,583	1,014	0	676,476	91,422	942,495	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1693	565.00	705.25	1270.25	0.75
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	74	37.00	37.00	74.00	1.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1767	602.00	742.25	1344.25	0.76

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7001175
 Health Service Area 011 Planning Service Area 163
 BELLEVILLE SURGICAL CENTER, LTD
 28 NORTH 64TH STREET
 BELLEVILLE, IL 62223

Number of Operating Rooms 4
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 7
 Number of Recovery Stations Stage 2 8

Administrator Diana Geoghegan
Date Complete 2/5/2013

Type of Ownership
 Limited Partnership (RA required)

Registered Agent
 CT Corporation System
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Memorial Hospital	1
	0
	0
	0
	0

Legal Owner(s)

Surgicare of Belleville
 Surgical Care Affiliates, LLC
 Surgery Center Holding, LLC
 Mitchell Needleman, DPM
 Mark Nekola, MD
 Donald Weimer, MD
 ASC Acquisition, LLC

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	3.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	12
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	12	15	27
15-44 years	64	142	206
45-64 years	175	292	467
65-74 years	90	189	279
75+ years	87	159	246
TOTAL	428	797	1,225

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	8	44	52
Medicare	154	299	453
Other Public Insurance	12	31	43
Private Pay	244	409	653
Charity Care	7	14	21
	3	0	3
TOTAL	428	797	1,225

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.6%	27.6%	4.7%	65.5%	0.6%	100.0%		
27,750	471,896	80,703	1,120,264	9,563	1,710,176	1,793	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	29	11.00	9.00	20.00	0.69
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	6	3.00	2.00	5.00	0.83
Laser Eye Surgery	43	7.00	1.50	8.50	0.20
Neurological	141	39.00	31.00	70.00	0.50
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	424	154.00	142.50	296.50	0.70
Oral/Maxillofacial	40	20.00	13.50	33.50	0.84
Orthopedic	259	210.00	199.00	409.00	1.58
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	283	188.00	118.00	306.00	1.08
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1225	632.00	516.50	1148.50	0.94

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002504
Health Service Area 011 Planning Service Area 119
EDWARDSVILLE AMBULATORY SURGERY CENTER, LLC
12 GINGER CREEK PARKWAY
GLEN CARBON, IL 62034

Number of Operating Rooms 2
Procedure Rooms 1
Exam Rooms 0
Number of Recovery Stations Stage 1 4
Number of Recovery Stations Stage 2 4

Administrator Michelle Looney/Jim Flynn, CO
Date Complete 2/27/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent
Illinois Corporation Service C
Property Owner
NA

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Gateway Regional Medical Center	0
	0
	0
	0
	0

Legal Owner(s)

Ronald Gould, MD
R. Craig McKee, MD
Peter Anderson, MD
Michael Jones, MD
James Sola, MD
Gregory Randle, MD
Granite City Illinois Hospital
Craig Beyer, MD
Alan Gitersonke, DPM

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	5.20
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	2.80
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	5	1	6
15-44 years	130	220	350
45-64 years	386	471	857
65-74 years	159	271	430
75+ years	175	229	404
TOTAL	855	1,192	2,047

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	47	102	149
Medicare	307	480	787
Other Public Insurance	57	40	97
Private Pay	440	545	985
Charity Care	4	25	29
	0	0	0
TOTAL	855	1,192	2,047

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
31.9%	5.2%	0.5%	60.9%	1.5%	100.0%		
651,620	106,516	10,997	1,243,117	29,975	2,042,225	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	224	46.00	40.50	86.50	0.39
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	43	11.75	10.00	21.75	0.51
Ophthalmology	352	72.75	39.00	111.75	0.32
Oral/Maxillofacial	5	1.50	1.50	3.00	0.60
Orthopedic	528	247.75	114.25	362.00	0.69
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	633	127.25	154.25	281.50	0.44
Plastic	217	104.75	59.50	164.25	0.76
Podiatry	45	23.50	11.00	34.50	0.77
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2047	635.25	430.00	1065.25	0.52

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Reference Numbers Facility Id 7001084
 Health Service Area 011 Planning Service Area 119
 HOPE CLINIC FOR WOMEN, LTD, THE
 1602-21ST STREET
 GRANITE CITY, IL 62040

Number of Operating Rooms 0
 Procedure Rooms 3
 Exam Rooms 2
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 0

Administrator Tarmara Threlkeld RN, BSN
Date Complete 2/26/2013

Type of Ownership
 Corporation (RA required)

Registered Agent
 Tamara Threlkeld, RN, BSN

Property Owner
 United Realty LLC

Legal Owner(s)

Hector Zevallos

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Gateway Regional Medical Center - Granite City, IL	3
Barnes Jewish Hospital - St. Louis, MO	3
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	3.00
Physicians	2.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	1.00
Certified Aides	3.00
Other Health Profs.	1.00
Other Non-Health Profs	5.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	6
Tuesday	11
Wednesday	6
Thursday	6
Friday	6
Saturday	6
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	19	19
15-44 years	0	2,605	2,605
45-64 years	0	0	0
65-74 years	0	0	0
75+ years	0	0	0
TOTAL	0	2,624	2,624

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	0	0
Private Pay	0	2,624	2,624
Charity Care	0	0	0
TOTAL	0	2,624	2,624

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	1,736,000	1,736,000	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Gynecology	3	2624	88	306	394	0.15
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	2624	88	306	394	0.15

Reference Numbers Facility Id 7001316
Health Service Area 011 Planning Service Area 163
ILLINOIS EYE SURGEONS CATARACT SURGERY CENTER
3990 N. ILLINOIS STREET
BELLEVILLE, IL 62226-1962

Number of Operating Rooms 2
Procedure Rooms 0
Exam Rooms 0
Number of Recovery Stations Stage 1 3
Number of Recovery Stations Stage 2 0

Administrator Nancy A Mueth, R.N.
Date Complete 2/21/2013

Type of Ownership
Corporation (RA required)

Registered Agent
Barry D. Dix, attorney
Property Owner
THBT Properties

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Elizabeth's Hospital Belleville	0
Memorial Hospital	0
	0
	0
	0

Legal Owner(s)

Terence G. Klingele M.D.
Michael P. Jones M.D.
Homer A. Ferguson M.D.
Bart A. Jones M.D.

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	6.00
Certified Aides	0.00
Other Health Profs.	2.00
Other Non-Health Profs	3.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	6
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	87	79	166
45-64 years	406	576	982
65-74 years	647	982	1,629
75+ years	687	1,061	1,748
TOTAL	1,827	2,698	4,525

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	22	42	64
Medicare	1,222	1,917	3,139
Other Public Insurance	4	5	9
Private Pay	458	595	1,053
Charity Care	121	139	260
	0	0	0
TOTAL	1,827	2,698	4,525

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
65.7%	0.7%	0.3%	29.3%	4.1%	100.0%		
2,508,973	27,636	10,283	1,117,598	155,791	3,820,281	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	983	444.00	51.00	495.00	0.50
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	3542	1,558.00	647.00	2205.00	0.62
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4525	2,002.00	698.00	2700.00	0.60

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7003161
 Health Service Area 011 Planning Service Area 133
 MONROE COUNTY SURGICAL CENTER, LLC
 501 HAMACHER STREET
 WATERLOO, IL 62298

Number of Operating Rooms 2
 Procedure Rooms 0
 Exam Rooms 1
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 0

Administrator Brad Deutch, RN
Date Complete 2/18/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Donald Schoemaker

Property Owner
 Medical Development Corp.

Legal Owner(s)

William Reilly
 William Rebholz
 Ricardo Rao
 Michael Kirk
 Ketan Shah
 Keith Wilkey
 Gregory Randle
 Donald Unwin
 David King
 Christopher Vulin

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Red Bud Regional Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	1.00
Certified Aides	0.00
Other Health Profs.	0.00
Other Non-Health Profs	2.00
TOTAL	4.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	73	51	124
15-44 years	69	65	134
45-64 years	117	120	237
65-74 years	80	91	171
75+ years	84	93	177
TOTAL	423	420	843

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	19	21	40
Medicare	161	190	351
Other Public Insurance	21	16	37
Private Pay	222	193	415
Charity Care	0	0	0
TOTAL	423	420	843

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
19.8%	0.0%	3.0%	77.3%	0.0%	100.0%		
295,575	0	44,209	1,156,669	0	1,496,453	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	33	29.00	16.50	45.50	1.38
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	142	68.76	71.00	139.76	0.98
General Surgery	25	21.83	12.50	34.33	1.37
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	103	49.35	51.50	100.85	0.98
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	72	93.13	54.00	147.13	2.04
Otolaryngology	212	120.32	106.00	226.32	1.07
Pain Management	204	55.90	102.00	157.90	0.77
Plastic	5	2.60	2.30	4.90	0.98
Podiatry	25	19.95	12.50	32.45	1.30
Thoracic	0	0.00	0.00	0.00	0.00
Urology	22	17.93	11.00	28.93	1.32
TOTAL	843	478.77	439.30	918.07	1.09

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Reference Numbers Facility Id 7002132
Health Service Area 011 Planning Service Area 119
NOVAMED EYE SURGERY CENTER OF MARYVILLE
#12 MARYVILLE PROFESSIONAL CTR
MARYVILLE, IL 62062

Number of Operating Rooms 0
Procedure Rooms 2
Exam Rooms 0
Number of Recovery Stations Stage 1 1
Number of Recovery Stations Stage 2 1

Administrator Nicole Will
Date Complete 2/27/2013

Type of Ownership
Limited Liability Company (RA required)

Registered Agent

John Lawrence

Property Owner

S&D Limited Partnership

Legal Owner(s)

Wen Y. Chen M.D.
NovaMed Management Services, LLC
Michael P. Jones M.D.
Edward A. Doisy III M.D.
Bart A. Jones M.D.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Anderson Hospital, Maryville, IL	0
Gateway Regional Medical Center, Granite City, IL	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	3.50
Certified Aides	0.00
Other Health Profs.	1.70
Other Non-Health Profs	1.80
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	10
Wednesday	10
Thursday	10
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	0	0	0
15-44 years	14	15	29
45-64 years	225	300	525
65-74 years	333	571	904
75+ years	509	776	1,285
TOTAL	1,081	1,662	2,743

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	46	49	95
Medicare	629	1,034	1,663
Other Public	0	0	0
Insurance	385	550	935
Private Pay	21	29	50
Charity Care	15	19	34
TOTAL	1,096	1,681	2,777

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
77.5%	3.1%	0.0%	17.5%	1.9%	100.0%		
2,119,906	84,605	0	478,565	50,849	2,733,925	9,059	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	536	53.6	10.6	64.2	0.12
multi opht	1	2207	593	385	978	0.44
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2743	646.6	395.6	1042.2	0.38

Reference Numbers Facility Id 7003134
 Health Service Area 011 Planning Service Area 163
 PHYSICIANS' SURGICAL CENTER, LLC
 311 W. LINCOLN, SUITE 300
 BELLEVILLE, IL 62220

Number of Operating Rooms 1
 Procedure Rooms 0
 Exam Rooms 0
 Number of Recovery Stations Stage 1 2
 Number of Recovery Stations Stage 2 0

Administrator Beverly LeMaster
Date Complete 1/31/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 National Registered Agents
Property Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST. ELIZABETHS HOSPITAL, BELLEVILLE	0
	0
	0
	0
	0

Legal Owner(s)

Robert Garner MD
 Murray McGrady MD
 Mitchell Needleman DPM
 Meridian Surgical Partners
 Kosit Prieb MD
 Kim Reichert DPM
 Eric Whittenburg DPM
 Eric Snook DPM
 Christopher Dugan DPM
 Carl Lee

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	0.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	1.00
Other Non-Health Profs	1.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	58	42	100
15-44 years	184	264	448
45-64 years	353	487	840
65-74 years	154	187	341
75+ years	53	122	175
TOTAL	802	1,102	1,904

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	54	72	126
Medicare	193	312	505
Other Public Insurance	101	93	194
Private Pay	451	620	1,071
Charity Care	3	5	8
Charity Care	0	0	0
TOTAL	802	1,102	1,904

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
27.0%	3.6%	14.4%	54.9%	0.2%	100.0%		
2,511,772	335,073	1,340,235	5,104,302	14,346	9,305,728	0	0%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	969	174.75	257.25	432.00	0.45
General Surgery	3	1.50	42.00	43.50	14.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	332	91.00	70.88	161.88	0.49
Pain Management	250	33.75	47.38	81.13	0.32
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	350	191.00	101.75	292.75	0.84
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1904	492.00	519.26	1011.26	0.53

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00